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ABSTRACT

This study investigates sudden changes in the consultee-centered case consultation method. Three types of sudden changes in consultation were identified: (1) turnings, (2) turning points, and (3) shifts. The first part of this study explores the turning of the consultee's representation of his/her interaction to the client. The second part considers the interaction between the consultee and the consultant, and describes how the process oscillates between three interaction modes: discharge-confirm, display-concern, and discover-challenge. The third part explores how the consultation process starts to move again through sudden shifts after having been stuck. Data were collected from interviews with consultants and consultees, who were teachers in Swedish child care, pre-school, and school settings; and who had turned to psychological consultants about problems with children. The results are a conceptualization of the turning process in consultee-centered case consultation. Consultation is seen as a process oscillating between approaching and moving away from the originally presented problem. The consultant's interaction varies between the interaction modes from being non-directive following the consultee to being directive and in charge of the process. Not only do the consultee's presentation and representation of the interaction to the client change, but also the consultant's presentation and representation. (Contains 20 tables, 28 figures, and 229 references.) (JDM)

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Ingrid Hylander

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Abstract

This thesis explores sudden changes in consultee-centered case consultation. Grounded theory has been used as research method and the description and interpretation of the method is an integrated part of the thesis. Data have been collected from focus group interviews with consultants, inventories, taped consultation sessions and interviews with consultants and consultees. Consultees are teachers in Swedish child care, pre-school and school settings who turn to psychological consultants, for problems with children.

Three types of sudden changes were originally identified - turnings, turning points and shifts. The first part of the study explores the turning of the consultee's representation of her interaction to the client. Five kinds of turnings are described and related to the way the consultee has approached or moved away from the client. The second part of the study explores the interaction between the consultee and the consultant and describes how the process oscillates back and forth between three interaction modes - discharge-confirm, display-concern and discover-challenge. It was discovered that, although consultants and consultees readily talk about turning points, these are difficult to identify and should rather be described as turning processes. The third part of the study explores how the consultation process starts to move again through sudden shifts after having been stuck. Sudden shifts are qualitative changes characterized by increased or decreased affective arousal.

The result of this study is a conceptualization of turning processes in consultee-centered case consultation. Consultation is seen as a process oscillating between approaching and moving away from the originally presented problem rather than as a specific set of stages. When the process is not moving it will become stuck. The consultant's interaction varies between the interaction modes from being non-directive following the consultee to being directive and in charge of the process, however never prescriptive. Not only the consultee's presentation and representation of the interaction to the client change but also the *consultant's* presentation and representation.

Keywords: Professional consultation. Turning points. Educational psychology. Grounded theory. Focus groups.

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Nacka in October 2000
Ingrid Hylander

PART I

BACKGROUND

Part I consists of chapter one to four. Chapter one gives the points of departure for the thesis. Chapter two describes consultation as a change process, and how it has developed as a professional practice in Sweden and internationally. Particularly in focus is consultee-centred consultation within human service agencies having children as clients. Chapter three reviews research in consultation and nearby fields and addresses the problems in and limits of consultation research. Chapter four focuses the discussion on discontinuous changes and reviews research on turning points.

Chapter 1

INTRODUCTION AND AIMS OF THE STUDY

Many professional psychologists in Sweden are employed in public human service agencies (schools, child care, health care, and rehabilitation centers). They are employed to contribute with psychological competence to the organization, and the organization's clients. Therapy or testing are not their main tasks but rather consultation, collaboration, supervision, training or counseling. These professional processes are, however, rarely investigated in their psychological practice. In this study, the field of interest is the professional process of psychological consultation.

For many psychologists the learning of psychological consultation did not start with a university course but as experienced practice. An account of such an endeavor from my own practice is given below.

> My first experience with psychological consultation was by accident. I was working as a school psychologist 25 years ago. Every fall my task was to assess those children whom the teachers found not mature enough to be schoolchildren, to decide whether they should stay in school or return to pre-school. This fall my schedule was filled, so when I was asked to take on still another case, I told the teacher that I would start a testing session as soon as I had the time, and asked her some questions about the child. The teacher, described a little boy, who didn't even know how to hold his pencil. Time passed, and no possibility occurred. Next time I came to the school, I contacted the teacher, and said I was sorry. She now said that she didn't think the testing was necessary. He was doing quite well in reading and writing, but he was hyperactive, could I please come and observe him in the classroom? I said I would come to her class next time I came to visit

> the school, so if she could do some observations meanwhile we would have a broader range of situations? On coming back to the school, the teacher informed me that the boy now had calmed down and that the problem really was his mother. He was doing OK in the end of the week, but Mondays were awful and he probably didn't get enough sleep, but was up watching TV all night long. Could I please talk to his mother? I said I would, but asked her to call his mother first so she would know that I was informed. The teacher agreed, and promised to contact me after the phone call. Time passed, I didn't hear anything from the teacher and forgot the whole thing. After Christmas vacation I reappeared at the school and met the teacher and asked her what had happened. "Oh", she said, "I had a very god talk with his mother. She was quite worried about him and she has been visiting the classroom quite a few times since. As soon as he gets restless again, we have a contact, and we can usually sort it out and support him. He is quite a charming boy as a matter of fact." After this incident, I realized the power of not interfering when competent and responsible personnel are doing their job, but listening intently and accepting their presentation of the problem.

In the above account the consultation effect was accidental and not very professional. A professional consultation process may be defined in the following way:

> A process of interaction between two professionals, the *consultant*, who is a specialist and the *consultee*, who invokes the consultant's help in a current work problem (Caplan and Caplan, 1993, p. 11).

A *professional consultation* process starts with a problem and ends when the problem is solved or can be handled, according to the consultee. Thus a *turning* of the original problem is expected. Without a turning, neither the consultee nor the consultant will finish the consultation relation or they will regard it as a failure. Turnings may either be seen as sudden leaps, or as a continuity of small steps indistinguishable from each other. Thus, turnings are related to the discussion of continuous and discontinuous processes (Nörretranders, 1993; Klimovsky *et al.*, 1994). The starting point of the present study is, however, the practical experience, made by many colleagues and by myself that the turning of the problem often is sudden. The turning often appears before the last or second to the last session. (An evaluation by Brodin & Hylander, 1995 on

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44 consultation cases showed that there was an average of three consultation sessions in each case). After two or three consultation sessions the consultee may say, about the client who caused them immense problems, when starting the consultation: "He is quite different now, he doesn't behave like that any more".

There are no magic ways of changing children. Consultees, for example teachers, turning to consultation are considered competent and experienced. Their description of the situation is believed to be *accurate to their conception of the situation* at a certain moment.

Thus the intriguing question is: What has actually happened when a teacher says, that the child has changed and now is a completely different child? Where is the change? Is it in the mind of the teacher, in the mind of the child or in the interaction between the child and the teacher? Or, was it just something the psychologist heard, because she wanted to hear it? Or, did something happen in between the psychologist and the teacher that influenced the interaction between the teacher and the child? Is there a point of turning? In order to study a turning or a turning point, however, one has to know what is supposed to be subject to change. What is supposed to be turning? Where is the change supposed to occur? For many reasons, it is difficult to study client variables. Hughes (1994), reviewing consultation research-studies could not find one single study where the consultation method was elaborated *and* where the assessed client variables were relevant and significant. When client variables are used, the problem has to be assessed prior to consultation, which causes a problem, as the original definition of the problem frequently is changed during the course of the consultation. In order to gain better understanding of the phenomenon of sudden change or turning points in the consultation process, it seemed more appropriate to explore the interaction between the consultant and the consultee than attending to client variables. As I have found no prior studies focusing on turning points in consultation, an explorative and theory generating approach seemed adequate. Turning points have so far been studied in counseling and psychotherapy (Böhm, 1992; Carlberg, 1996; 1997: 1999; Klimovsky, 1994; Frontman. & Kunkel, 1994).

Consultation as a professional psychological process is described predominantly within the Anglo-Saxon literature, with the majority of the studies coming from the US, where research and training in consultation is established at 2/3 of the universities within the training programs for psychologists (Pryzwansky, 1986). Many difficulties are related to research in consultation. For example, it is difficult to find enough experienced consultants working with each specific method of consultation, with the result that young students have frequently been used instead of experienced consultants. Concepts and processes are not well defined. An exception is the behavioral method, which uses operational definitions. This is a method widely spread among practitioners in the US. Consequently more than ¾ of all research reports on consultation relate to a *behavioral model* of consultation (Erchul & Martens, 1997). Many of these are experimental studies and not studies exploring established professional practice. Most studies exploring *mental health consultation* predate the 1980's.

Consultation research in Sweden is rare or non-existent, (Hylander, 1989a; 1989b; Wiström, 1990), but there is a well-developed practice. Psychological consultation is a professional method that Swedish psychologists have practiced during the last two decades in human service agencies, particularly where children are clients (child care, pre-schools schools and child health care). The main task of these agencies is carried out through a relation between a professional and a client. Thus the agency does not function adequately, if the relation between the client and the professional person is broken. When the relation is broken or when there is a risk of a break, there is an incitement for consultation.

Largely there has been a mainstreaming in Swedish child care, pre-schools and schools. Most children with special needs are integrated. Psychologists who are employed to carry out psychological prevention within human service agencies are helping personnel to handle all children within the normal setting. This kind of consultation services could evolve the way they have, because other agencies are giving complementary services of assessment, counseling and therapy.

The consultation model that has developed in Sweden within human service agencies, having children as clients, is based on *mental health consultation*, (Caplan, 1970; Caplan & Caplan, 1993), which is a model with a psychoanalytical theory base. This model has had a pervasive influence on consultation, in many countries. One of the reasons is probably that it originated from a *professional practice*. It was developed in mental health practice in Boston during the 1950s and 1960s. This consultation model has been attended to and developed in different Swedish agencies (Carlberg, Guvå & Teurnell, 1981; Forsman & Överholm, 1978 Gustafsson & Kaplan-Goldman, 1980; Szecsödy, 1981; Schulman, 1990). Guvå (1989; 1992), in her development of the model is emphasizing the interview and the consultant-consultee interaction, referring to projective identification (Ogden, 1979), the intermediate space (Winnicott, 1971) and to the development of self (Stern, 1985; Brodin & Hylander, 1997). Above all the tradition has evolved through practice, in seminars, and by supervision. Many of the psychological theories in which psychologists have been interested during the last two decades, have most probably had an important impact on practice, although not documented in consultation literature.

The present study, however, does not start with theories or methods that are already elaborated and published. Instead it starts by studying practice. One reason for this is a basic belief that consultants even if committing them selves to a common tradition, would still express this tradition in different terms, and emphasize different dilemmas. Another basic belief is that there exist practical methods and theories that are widely used but not documented or discussed. Thus, the approach of this study is to explore the process in practice and the apprehension of this process by consultants and consultees. Had I started from a theoretical framework, I am convinced that this would have limited the scope of possible ideas, dilemmas and explanations.

For the researcher this way of approaching the research field creates a dilemma. On one hand, I am well aware of the written tradition as well as of the practice, which I have performed as a professional. This knowledge and experience exist. During the research process, however, I have tried to let curiosity lead my steps, instead of verifying "truths". On the other hand I do not intend to avoid using earlier experience, when it seems fruitful to the study. It has been my ambition to search for a research approach that enables a "good-enough distance" between the researcher and the research field. Only outsiders can tell if this strategy is successful. A main part of this study has involved the search for and application of a method suitable to explore, evolve and try to explain the phenomena of *sudden changes* in the consultation process. The research approach found best suited to all those premises is *grounded theory* (Glaser & Strauss, 1967).

The purpose was, from the beginning, to study different consultation traditions. This, however, created complications, as there are not that many different traditions of consultation in Sweden with enough consultants in each tradition. Thus, I chose to study the process of consultation where I knew it could be found, exploring one tradition – the mental health consultation as it as developed in Sweden, and one setting - the *educational setting*, school, pre-school and child care, with a dominance of pre-school and child care. The pursuit, however, is to arrive at hypothesis and proposals not restricted to this setting, but such that they could in the future also be adapted to other consultation traditions. Thus following the propositions of grounded theory I am trying to create a theory that is easily adjustable and changeable according to new situations.

Traditionally, references to theory start a monograph. In grounded theory reports, however, it is recommended that literature reviews be interwoven into the text. (Glaser, 1978; Stern, 1980) Other reports are there to help in the explanations the theory is not derived from them. In this study, no reading of literature actually started this project. On the other hand, there is a massive influence of literature studied during many years prior to this work. This is particularly true with *consultation* theory and research, why this very appropriately has been placed in the beginning of the monograph. Theories about discontinuous changes, *turnings and turning points*, however, were not particularly studied prior to the project but attended to somewhere in the middle of the study. This theory is still placed before the results as it has such general implications on the writing and this placement makes it possible to refer to it all through the monograph. Starting this investigation, I had, however, not defined turning point. The concept will gradually evolve in all its complexity. The impact of other theories e.g. *affect-theory* (Tomkins in Nathansson, 1994; Stern, 1985; Sjödin,

1997) became evident at the end of the writing, and is thus addressed in connection to the results.

In sum, the main purpose of this study is to explore change processes, particularly sudden changes that are labeled turning points. Sudden changes will be explored, interpreted and explained in the consultation process, as it is found and performed in Swedish child care, pre-schools and schools. The purpose of this monograph is twofold, to present the study and to discuss and describe how grounded theory can be used in a psychological research process.

Chapter 2

CONSULTATION

Consultation - a process of change

Literally, consultation means asking questions to someone. In the clinical world the term consultation is used for patients asking questions to doctors. In a more restricted sense consultation is an interaction between professionals, i.e. consultation is not a direct service to clients but an indirect service.

There are today a number of different traditions in the consultation field. Limiting the scope to consultation within human service organizations there is one main distinction between *organizational consultation* and *case consultation*. While authors writing about case consultation (Caplan, 1970; Gallessich, 1982; Meyers, 1995a; 1995b) also include organizational models and references to organization literature the opposite has not been the case. Organizational consultants come from a wide variety of disciplines, while professional case consultation is a psychological or psycho-educational process. The present overview will limit its scope to psychological and psycho-educational consultation..

In professional *case consultation* there is a *consultee* who turns to a *consultant* in order to get some help with a *client*. Traditionally there are two main approaches within case consultation, *mental health consultation* and *behavioral consultation*. Most readers in psychological consultation refer to these two traditions adding *organizational consultation* (Brown, Pryzwansky & Schulte, 1987; Conoley, 1981; Erchul & Martens 1997). Gallessich (1982) adds *clinical* approaches and *program* approaches. An overview in

Journal of Educational and Psychological Consultation comparing today's state of affair with the past 20 years, also add *instructional consultation,* (Rosenfield, 1995) and *collaborative consultation* (Idol, Nevin & Paolucci-Whitcomb, 1995).

When consultation started to become a professional psychological practice, there was a sharp line between behavioral consultation with a learning theory background and mental health consultation with a psychodynamic background. Today there is a range of different theories, which consultants use. Case consultation practice is taking place in different kinds of human service organizations even if the main part still is found in educational settings. Today, there are other dividing lines than the difference between the two traditional approaches. The most crucial issues, serving as dividing lines today, will be discussed after a historical background is given, presenting the *organizational*, the *behavioral* and the *mental health* approaches. The mental health model will be thoroughly described as the practice explored in this study has its roots in this tradition. Also the development of this model, which has taken place in Sweden and internationally during the last decades, will be described.

Organizational consultation

Within organizational consultation, there is a wide variety of models and approaches. It is usually not a three-part relation between a consultant, a consultee and a client. Instead the person from the organization who is consulting the consultant is called client, which may cause some confusion in comparison with case-consultation approaches. The organizational approaches vary on a continuum from *expert consultation* to *process consultation.* In *expert consultation* the consultant proposes a plan for implementation. In *process consultation* the consultant helps the members or managers of the organization to find their own solutions to the problems. (Argyris & Schön, 1974, 1978; Blake & Mouton, 1982; Boalt Boëthius & Jern, 1996; Jern, Boalt-Boëthius, Hidman & Högberg, 1984; Gallessich, 1982; Schein, 1969, 1985; Hylander, 1995a)

Behavioral consultation

The description of behavioral consultation will be brief as there is no such tradition in Sweden, and this model is not attended to in this study. The behavioral approach is the single most popular method used in the US schools. As most international research on consultation is carried out in the US, the consequence of this is that research on behavioral consultation is dominating the scene. (Erchul & Martens, 1997).

Behavioral consultation is a *client-centered* consultation model (Conoley, 1981). Its roots are learning theory. The task of the consultant is to find the reinforcement contingencies that have the potential to alter the undesired behavior.

Brown, Pryzwansky & Schulte (1987) identify four different consultation models based upon principles of behavioral psychology. Two of those models are based upon a problem solving approach and two on an operant learning technology. Most elaborated are the *behavioral-operant model* (Bergan, 1977) and the *social learning theory model* (Brown, Pryzwansky & Schulte, 1987; Brown, 1979; Reynholds, Gutkin, Elliot & Witt, 1984). Bergan and Tombari, (1975) have developed a consultation model with a problem solving approach.

Today, however, many researchers and practitioners coming from a behavioral background are also searching for ways to explain and explore the interplay between the consultant and the consultee. Most approaches today, include social learning theory and cognitive theory.

Mental health consultation

One of the persons having had the most pervasive influence in the consultation field is Gerald Caplan (1970). The background of his consultation model is a *population oriented preventive approach* (Caplan, 1963). It dates back to the end of the Second World War, when Caplan was in charge of a Child Guidance Center in Israel, and the way to "counsel the counselors" was the only way to cope with the vast amount of children in need for treatment. In the beginning of the 1960's he developed the principles for mental health consultation in Boston. The US Community Mental Health

Centers act in 1964 assigned to the mental health centers the responsibility for consultation to professionals in the community as a preventive strategy.

According to Meyers (1995a; 1995b) who has introduced and adjusted Caplan's consultation model to schools, his most influencing ideas are (a) the four part categorization of consultation approaches, (b) the non-hierarchical and concordant relationship between the consultant and the consultee and (c) the indirect techniques used instead of confrontation. These three fundamental ideas will be further explored. In relation too these ideas, the issue of subjectivity versus objectivity in the presentation of the problem will be addressed.

Four part categorization

In the original model of mental health consultation (1963; 1970; 1993) Caplan singles out case-consultation from administrative consultation, both of which can be *problem centered* (client-centered or program-centered) or *consultee-centered*. Thus he identifies four fundamental types of mental health consultation. (a) *Client-centered case consultation*. (b) *Consultee-centered case consultation*. (c) *Program-centered administrative consultation*. (d) *Consultee-centered administrative consultation*.

In *client-centered* and *program-centered* consultation the consultant makes his own assessment of the case before recommending an effective disposition or treatment to be undertaken by the consultee. Caplan emphasizes the importance of listening to the request of the consultee and adjust the information to the needs of the consultee. However, he also emphasizes the importance of a correct diagnosis in the client-centered model. Meyers (1995a; 1995b) identifies the role of the client-centered consultant as an expert who tells the consultee how to resolve the problem.

Consultee-centered consultation on the other hand is focusing on the consultee's way of handling the problem even though the client's problem is the focus of the dialogue. According to Meyers (ibid.) the consultee-centered consultant, is involved in a collaborative interchange between colleagues. The right for the consultee to reject or accept any ideas or recommendations that the consultant may have thus becomes of vital importance in the last perspective. This idea of interactive collaborative interchange is also promoted by Gutkin & Curtis, (1990).

Guvå (1989), elaborating the Caplanian model, states that focus in both client-centered and consultee-centered consultation is the client case. In the consultee-centered model, however, the focus is the consultee's "subjective picture of the case", as opposed to the "real" client in a client-centered consultation. The consequence is that client-centered consultation only can be recommended when there is no risk for lack of objectivity.

Non-hierarchical relation

In order for a change to occur, Caplan stresses the importance of a non-hierarchical relationship. Consultation is an encounter between two experts in different fields. The responsibility to make sure that the consultee agrees with this notion rests on the consultant. In Caplan's writing, the non-hierarchical relation is the prerequisite for all four models of consultation. Other's, however, regard the client-centered model as a model based on a hierarchical relation (Gallessich, 1982).

Indirect techniques

According to Caplan & Caplan (1993), one of the original features of consultation is the use of indirect techniques. The consultant should show respect for the professional defenses of the consultee, being aware of the importance of not letting her loose her face. One of the techniques is to always verbally focus on the client, another to generalize personal shortcomings by utterances like "this is what happens to all of us". Using parables and non-verbal communication particularly with focus on the consultation relationship are other techniques.

Objectivity versus subjectivity in the presentation of the problem

Caplan identifies four major categories of difficulties that interfere with consultees' ability to deal with problems of her client. These difficulties can be met by different strategies; one of these is consultee-centered consultation. The four different kinds of difficulties are: *Lack of understanding, lack of skill, lack of objectivity* and *lack of confidence.* These difficulties have been extensively discussed in the consultation literature through the years. The question has been: What kind of difficulty is at hand and what difficulties are best met by consultation? According to Caplan, *lack of understanding* is more effectively handled by group instructions in mental health than by consultation. *Lack of skill* should be met by professional training, which is the responsibility of the supervisor or chair of the institution. *Lack of confidence* is usually met by supervision in the institution. *Lack of objectivity* is the kind of difficulty that is most suitable for consultee-centered consultation.

It has been argued by Meyers (1995a; 1995b) and others (Gutkin, 1981) that for most problems in schools, lack of objectivity, is not the greatest difficulty, but lack of knowledge, lack of confidence or lack of skill, and thus there is a need for consultation models meeting those needs.

It could, however, be argued that the different kinds of "lack of" are difficult to single out from each other. They usually exist side-by-side focusing different aspects of change. Lack of understanding, as it is described by Caplan may call for a cognitive change. Lack of skill may call for a change in action orientation and cognition. Lack of confidence for an affective change, while lack of objectivity would call for an affective and cognitive change followed by a change in action orientation. In Sweden, it is also frequently argued that the way schoolteachers usually present the problems do not indicate a lack of objectivity. Thus, there may be a need to emphasize the cognitive aspects of the representations (Partanen & Wiström 1999).

It should be noted, however, that the above controversy rests on the assumption that it is possible to single out objectivity from subjectivity. From this assumption follows that there exists an objective way of describing relations, situations and human features and that persons being part of a relation are able to make such an objective description. Another way to handle this controversy, is to see all descriptions of relations and interactions as subjective. Thus, the consultant has a choice to regard presented problems as the consultee's subjective apprehension or as an objective description. Regarding it as an objective description leads to client-centered consultation. Regarding the problem as a subjective representation leads to consultee-centered consultation.

Theme interference is the most important lack of objectivity according to Caplan (1970). Theme interference occurs when a consultee has a hidden unsolved problem, which she unconsciously projects on to the client, and thereby can see no other outcome than the one she herself has experienced. The way to *reduce theme interference* is to make certain that there are other possible outcomes. If the consultee takes this, the theme is reduced. The methods proposed for theme-interference reduction are all indirect (Ibid.). If, however, the consultee instead concludes that the problem does not belong to the child, there is an *unlinking*. This is seen as a cardinal error in mental health consultation as the client is free but the theme is unsolved and will soon be projected on to another client. Even though, theme interference has been a central concept in consultee-centered consultation, there are but few studies focusing this concept, and those are from the 1960's (Ibid.). There are few books in consultation not attending to this concept; still it has not been explored or elaborated during all these years.

Sandoval (1995) used Argyris & Schön's (1978) concept of *reflective learning* and *reframing of phenomena* to understand the change that is taken place in a consultation process. He made a reinterpretation of theme interference. The concept of theme is reframed and regarded as the consultee's specific theory, which explains the symptom of the client. Theme interference reduction is thus seen as an example of the more general process of conceptual change. The theory/theme has to be proven inadequate in order for a change to occur. The change, however, does not occur by just suggesting a new conceptualization. Instead data from other situations are brought in to create anomalies. If the theme is just seen as non-applicable on this very client, no actual change is occurring, there is an unlinking.

Adapting Caplan's four part categorization to educational settings

Lambert and her colleagues in Berkeley developed models for consultee-centered consultation for school-psychologists being employed by schools. Their model of consultation is coming close to Gerald Caplan's model (Lambert 1974, 1977, 1986; Lambert, Yandell & Sandoval, 1975; Sandoval, Lambert & Davis, 1977). The underpinnings of this model and also the underpinnings of the school psychology program in Berkeley are respect and understanding for the teacher's professional role, focusing classroom situations and the interaction between teachers and students.

Meyers (1995a; 1995b) proposed a comprehensive model for consultation in schools, which integrates different consultation approaches. His belief is that this model would make a change in traditional school psychology work by reducing the time for testing and instead giving indirect services to children. Meyers proposed the following model:

1. *Student centered consultation,* including both direct and indirect service. Originally Meyers singled out indirect from direct services, but found that it was impossible to find this difference in professional practice. This indicates that the process at hand would be *collaboration* in Caplan's terminology, rather than consultation (Caplan & Caplan, 1993). Collaboration is the process where the psychologist (mental health expert) accepts *responsibility* for the outcome of the case, and plays an active part in diagnosing and treating the client. The implementation of the treatment plan is a joint effort by the specialist and team members in the institution. In Swedish schools with consultation services it may, however, be easier to single out indirect from direct services, than Meyers found in the US schools.

2. *Teacher-centered consultation.* Meyers compares with consultee-centered consultation, but focuses more on the general development of teachers' approach to all students, than what is common in consultee-centered case consultation. Thus, in Caplan's terminology it approaches a consultee-centered *administrative* consultation. In Swedish schools this is often labeled supervision (handledning) (Hylander, 1995).

3. *System-centered consultation*
The system-centered perspective is an organizational perspective or in Caplan's terminology administrative consultation.

The entire model is seen as an aid in decision-making, always starting from the most indirect way of service delivery. The consultant starts to negotiate about a contract to consult on system level, then on teacher level and in the last place on student level. Where the model has been applied, system centered and teacher centered consultation have increased, even though student-centered models still are most frequent (Meyers, 1995a; 1995b).

Recent development of consultation models

Today, it is much too simple to say that the main watershed is between behavioral approaches and mental health approaches. That is history.

The impact from organizational consultation has contributed with new perspectives also to case consultation. There are contributions from the OD movement that combine open system theory with human relations and action research (Gallessich, 1982). Argyris & Schön (1974; 1978) and Argyris (1990) contribute with the theory of organizational learning, reflective thinking and theory in use. The Tavistock tradition (Boalt Boëthius & Jern, 1996; Jern, Boalt-Boëthius, Hidman & Högberg, 1984) combines open system theory with object-relation theory. Schein's (1969) pragmatic process consultation has many similarities with Gerald Caplan's writing about mental health consultation (1970; 1991; 1993). Language system approach has lately gained influence in consultation along with constructivisic approaches (Rosenfield 1999; Palazolli, 1989; Andersen, 1987; 1994; Anderson & Goolishian).

Many of those claiming a behavioral theory as a basis are now turning towards systemic theory and different kinds of problem-solving strategies (Pryzwansky, 1989).

Originally the mission of the mental health consultation model was clearly to prevent mental illnesses. The first consultants were therapists and psychiatric doctors, psychologists, social workers and nurses with a psychodynamic background. Mannino and Shore (1985) suggested the name of *human service consultation* instead of mental health consultation, to widen the concept and stress the point that it is consultation to systems, where there is a relation between a professional and a client. Thus, the objective of the consultation is to help the professional person in her pursuit. It is not by necessity a mission to prevent mental illnesses in a certain population. As consultation grew in other settings than mental health, other theoretical underpinnings than the psychodynamic approach became common. There are today very few consultants leaning towards an orthodox Freudian analytic model of thinking. Instead, object-relation theory, self-psychology, systemic and constructivistic thinking have entered the scene. (2nd International Seminar on consultee-centered Consultation, 1999). This is a development in accordance with Caplan's thinking.

> The basic principles of mental health consultation were not derived a priori from any unified theory but rather were born of pragmatism and careful study of how to support the professional development of consultees within the constraints and assets of their personal and institutional realities. (Caplan & Erchul 1995, p. 29)

Prescriptive and non-prescriptive models

Perhaps the most important watershed, today, is between *prescriptive* (directive) models and *non-prescriptive* (collaborative) models. (Prescriptive is used in this text instead of directive, as the opposite non-directive leads astray to a Rogerian approach. Non-prescriptive approach is used in this text instead of collaborative approach, common in many other texts, as collaborative may have a twofold meaning (a) a coordinate relation and interaction between the consultee and the consultant, (b) a joint responsibility for the outcome for the client.

In the *prescriptive approach* the consultant is assumed to have an expert knowledge based on scientific (positivistic) research. The consultant may instruct the consultee; the better the consultee can accept and implement the plan the better the result of the consultation. Erchul & Martens (1997) describe a prescriptive approach of school consultation, proposing an integration of the behavioral approach and the mental health model combined with a power/interaction model of interpersonal influence. The consultant is the expert in scientific methods and in educational technology. This knowledge is regarded as the basis for teachers' implementations in the classroom. There is an educational technology that should be pursued. The aim of the consultation process is to change the behavior of the client by changing the behavior of the consultee in the desired way.

Gallessich (1982), considered both the behavioral and the client-centered approach as prescriptive models, as the consultant in both kinds of approaches is relating to the consultee in a *clinical* way. To Gallessich the term clinical means that the technology is derived directly from laboratory experiments, and prescriptions are given to teachers just like doctors give prescriptions to patients. There is little discussion in the literature whether client-centered models are prescriptive or non-prescriptive. Also there are few, descriptions of applications of client-centered models other than behavioral models.

The assumption of the *non-prescriptive approach* is that there is no perfect plan to be implemented. The consultant and the consultee use their combined knowledge to arrive at a joint solution. It is always the consultee who is in charge of the implementation and the one to know if a plan is worth testing. With a non-prescriptive model the consultee is free to take or reject the consultants proposals. The responsibility of the consultant is limited to her contribution to the consultation process and to the contract with the agency where this responsibility is clarified. Thus, the responsibility of the consultant becomes a major factor differentiating between the different approaches in consultation. The consultee-centered model of consultation, focused in this study has clearly a non-prescriptive approach. Typically, consultants using prescriptive models rely on behavioral theory as scientific paradigm, while consultants using non-prescriptive models of consultation come from a great variety of theoretical backgrounds.

With prescription also comes responsibility for the outcome of the consultation in the individual case. In Caplan's terminology this would be *collaboration*, which is another professional process than consultation. The consultee's complete freedom to reject and accept advice and the consultant's absence of responsibility for client outcome, these are fundamental assumptions in non-prescriptive consultation. When they are not at hand the natural choice is collaboration (Caplan, Caplan & Erchul 1995, p. 29). Caplan, Caplan and Erchul find it in fact surprising that Caplanian consultation has gained such popularity among school-psychologists, as some of the assumptions behind the method, might not agree with the prerequisites for an insider consultant. Having a responsibility for the outcome and still pursuing consultation, may thus by definition lead to a prescriptive model of consultation.

These two types of consultation approaches, the prescriptive and the non-prescriptive approach can be seen as reflecting the difference between a natural science paradigm (transmission of advises from the expert) and a human science perspective. (Hylander, 1995a). It is also similar to the difference Buber (1990) makes between the world of experience "I-It" and the authentic world of relation labeling it "I-Thou".

A recent development of the consultee-centered model as a non-prescriptive approach has emphasized conceptual change, role-relations, the interactive process and the mode of questioning (Sandoval, 1999; Rosenfield, 1999; Lambert, 1995; Guvå, 1999; Hylander, 1995b; 1999b).

Consultee-centered consultation is defined as follows:

> Consultee-centered consultation emphasizes a non-hierarchical helping role relationship between a resource (consultant) and a person or group (consultee) who seeks professional help with a work problem involving a third party (client). This work problem is a topic of concern for the consultee who has a direct responsibility for the learning, development or productivity of the client. The primary task of the consultant is to choose and reframe knowledge about well-being, development, intrapersonal, interpersonal and organizational effectiveness appropriate to the consultee's work setting. The goal of the consultation process is the joint development of a new way of conceptualizing the work problem so that the repertoire of the consultee is expanded and the professional relationship between the consultee and the client is restored or improved. (2nd International Seminar on Consultee-Centered Consultation in Stockholm, 1999)

This approach is easily recognized by researchers and practitioners from several different theoretical backgrounds (systemic theory, object-relation theory, self-psychology, reflective thinking, conceptual change and ecological theory). In this approach the way of asking questions as means of enhancing the process has been emphasized. With reference to Caplan's principles of "fostering orderly reflection and widen frames of references" Sandoval (1996) suggested questions that stimulate reframing, like: "What prevents you from?" "What would lead you to?" "What leads you to believe?" Johannesen (1999) explored some of these questions, and stated that the pursuit of consultation is to complicate the thinking of the consultee. Michélsen (1999) explored the question "What would you have done had *she* been a boy?" "What would you have done had *he* been a girl?" Brodin (1995; 1999) studied the question "What does he look like?" from an affect-theory approach.

Development of consultee-centered consultation in Sweden

The way consultation as a professional, psychological method has evolved in Swedish human service agencies is closely linked to how the organization of physical- and mental health-prevention has developed. This is particularly true regarding services for children: pre-school, child day-care, child physical and mental health care and school based health and psychological care.

From 1995, there is a statutory for all municipalities to provide *pre-school* (child day-care) for every one in need for it. Presently, a majority of all children over the age of one are enrolled in some kind of pre-school programs. In the big cities psychologists are employed to work as consultants. At present, 83% of the Swedish municipalities offer psychological consultation services to child care and pres-schools (Frygner, 1997). *Schools*, have mental and physical health care teams including a school nurse, a visiting doctor and access to school social worker and school psychologist. Around 98% of parents attend public *well-baby and health care* clinics with their children during the first year, returning for shots and check ups, about once a year until the children are 7 and school starts, then health care in school takes over. The ultimate goal of these clinics is to promote psychological and physical well being among all children. Psychologists are employed to work as consultants to the nurses. In every district or city there is also a child guidance clinic, with psychologists, social workers and doctors, usually with a degree in therapy, offering counseling, assessment and therapy.

During the 1960's and the 1970's there was a trend in Sweden towards prevention, community psychiatry and community psychology and psychiatric outpatient clinics. Gerald Caplan's The *Theory and Practice of Mental Health Consultation* of 1970 was acknowledged in the mid 70's. At that time child guidance centers were spreading around the country, but few well-baby clinics and child health care centers had access to psychologists, the same being true in child day-care. In Stockholm, within the organization of child guidance clinics, two consultation teams took form, one to serve the well baby clinics and child health care, one to serve child day-care and pre-school. Gustafsson & Kaplan-Goldman (1980) described mental health consultation according to Gerald Caplan's model and how it could be used in the well-baby clinics and child health care. Carlberg, Guvå & Teurnell (1977) assessed the use of psychologists within child day-care and proposed Caplan's model of consultee-centered case consultation as a useful method of psychological service delivery in child care. Also in Mental health centers, Caplan's work was recognized (Szecsödy, 1982; Forsman & Överholm, 1978).

Janson, Waldor and Waleij (1983) investigated the need for psychological consultative, collaborative and referral services to childcare from the child guidance clinics. Interviewees at large turned out to be positive to the consultation services. No difference was found in the way consultation services was carried out depending on the organizational belonging of the consultant. The interviewees (teachers, managers and psychologists) favored the consultation services they were used to. A consultee-centered consultation model (CCC) was referred to, by all instances. The investigators recommended that the preventive mental health function should not be singled out from the referral service. They proposed either one consultation team employed by the central municipality in charge of the mental health services in the region of

Stockholm, *or* consultants employed by the local municipalities in charge of child care, but not parallel teams. According to the investigators, referral services could be met by CCC. There was, however, a difference in opinion between the head of the child guidance clinics and the head of the team of consultants. The head of the child guidance clinics wishing a closer link to the clinic and an emphasis on the referral service while the head of the team of consultants wanted a more autonomous position and an emphasis on the preventive services.

Very soon different local municipalities started to hire their own pre-school psychologists. In the middle of the 1980's the consultation team employed by the central municipality in charge of mental health in the Stockholm area was dissolved, and the city took over. The majority of psychologists and a few social workers employed as consultants thus came from a clinical mental health background, familiar with a psychodynamic approach. This mix between a psychodynamic knowledge and background and the non-clinical setting and encounter with every day life environment, may account for some of the promotion of the Caplanian consultee-centered case consultation model in child care. The psychological teams for the well-baby clinics and child health care centers are still clinical consultation teams, and in those clinics, client-centered consultation and collaboration is more common.

Training in mental health consultation was provided in Stockholm by the central municipality and by the association for the local municipalities. The last five years courses have been given at the university level. In the 1980's school psychologists became interested in consultation (Pålhagen, 1987) and did undertake training in consultation. Consultation practice has since that developed different within different settings. In child day-care and pre-school the consultee-centered model has been elaborated (Carlberg, Guvå, Teurnell, 1981; Falck-Järnberg, Janson, Olsson, & Orrenius-Andersson, 1980; Janson, Walsor & Waleij, 1983; Guvå, 1989; 1992; Thörn, 1995; Brodin, 1995; 1999; Hylander, 1995a; 1995b). In child health care, the preventive aspect of Caplan's work has been emphasized (Gustafsson & Kaplan-Goldman, 1980; Gustafsson, 1996). Like the psychologists in child health care psychologists in schools, more commonly work in multi-professional teams in a collaborative way, although consultation is a growing school-psychological service.

Links between organizational factors and consultation services

The correspondence, between the organization's core process and those methods, possible to use by a consultant (Hylander, 1995b), can be addressed in respect to four different aspects. (a) Organizational objective and culture. (b) Involvement between client and consultee (c) Consultee responsibility of client problem. (d) Education and training of consultants.

Organizational objective and culture

Every Human Service Organization has a main objective, linked to a core process, in turn linked to a core relation, between a professional and a layman, (Klein, Bernard, Singer, 1992; Crafoord, 1992). In the medical system, the organizational pursuit or objective is to cure. The paradigm of the culture is mainly a positivistic natural science paradigm. Medicine and instruments characterize the process between doctor and patient. The client-centered consultation model has its roots in this clinical world, and is therefore well suited to it. A prescription can be handed over from one doctor to another and executed just the way it is prescribed. In health care, on the other hand, the main objective is prevention still the culture is mostly medical, with psychosocial aspects. The main objective of child health care and well-baby clinics is the promotion of physical and psychological health among all children. Nurses, however, being trained in a medical model, are given the quite different task of performing in a psycho-social-medical health model. The psychologists working as consultants to the nurses have profound knowledge in the psychosocial model and of mother-infant relations, knowledge which administrators expect the consultants to teach the nurses. For the nurses, however, this new knowledge calls for extra work and more involvement. The situation is very much like the one described by Jonathan Borus (1982), referring to early years of mental health consultation in Boston. Community Mental Health

Centers were required to provide consultation as a service, to promote mental health in the population for whose well being they were responsible. Because of this responsibility the needs arose from the consultants rather than from the consultees. The consultants could in some cases be regarded by the nurses as strangers bearing gifts and thus regarded with suspicion.

The main objective in the school system is to educate the students. Culture varies between different schools and different stages, being very positivistic in some and more humanistic in others. Education as the primary task of schools can be defined in different ways. Teachers, who see their task as knowledge conveyed from the knowledgeable to the ignorant, are less eager to ask for consultation, than teachers who pay more attention to the educational relation as a prerequisite for the learning process.

In pre-school programs, the main pursuit is twofold to care and to educate, *educare*. The culture is characterized by a psycho-social-humanistic approach. There is goodness of fit, between the culture of the organization and the theoretical background of the Caplanian consultee-centered case consultation.

Involvement between consultee and client

In order to ask for consultation, there need to be a certain degree of involvement between consultee and client. The type of involvement has to do with how often the consultee see her clients, for how long time, how close physical contact they have, and how emotional the relation is. The less there is of involvement, the more attention the consultant has to pay to discover the consultee's actual work problem in relation to the client.

Involvement between nurse and parent-child in health care is usually not very high. The visit is fairly short and there are months between the times that they see each other.

Teachers' involvement in students varies throughout the grades, being more intense during lower grades. School psychologists have pointed out, that requests for consultation are more frequent in the lower grades than in the higher grades (Wiström, 1990).

Pre-school teachers are experts on relations with children. The involvement is intense, teachers and children being together every day for several hours and for at least a couple of years, the younger the children, the more of physical contact. Consequently, consultee-centered consultation in Sweden is more common within pre-schools and child day-care, than in other settings.

Responsibility for client

In order for a professional person too ask for consultation, she must feel that the case is causing her a great deal of trouble, and that it is within her responsibility to attend to it. In medical settings a typical mode is to refer problems to someone with more responsibility, or to a specialist. If, a child has great problems or a mother is extremely worried, the contact with the nurse may be intense. In such cases, however, many nurses apply the medical model and refer the child to a specialist.

Schools also have a tradition of referring to special units with expert knowledge. Pre-schools and child day-care are usually organized in small units. Child day-care is a young institution without a history of referral to specialists. Teachers work in teams with co-operative responsibility for the children. These are all prerequisites enhancing professionals to ask for psychological consultation services.

Training and education

As consultation is a psychological relational method, it has to be learned in relational practice. Without supervised practice this is not easily done. Many students of consultation have to start their very first trial, by doing the most difficult part. They have to start by anchoring the consultation model in an organization with a long tradition of other methods for psychological services.

A consultee-centered model for case consultation

The consultee-centered model of consultation, developed in different institutions in Sweden, has been particularly elaborated by Guvå (1989; 1992; 1995; 1999). Guvå focuses on the consultee's subjective picture of the client. The consultant does not know at first what the presentation of the case is like, what kind of picture is presented? There are two pitfalls for the consultant (a) to be too consultee-centered and make the consultee into a client, (b) to be too interested in the client and start to believe that the subjective picture presented is the real client. Guvå delineates three different phases in the consultation process.

The interview, (the first chord) consists of a set of questions to explore the problem and to enhance the process of giving air to the consultee's thoughts and feelings around the troublesome situation. Those questions are indicators of phenomena, and can be put in different languages in different settings (Guvå 1999). The interview is finished off by the question "What do you expect me to do for you?" resulting in a contract. Usually the consultant asks the consultee to make unstructured observations of the client.

Interactive analysis, (the second chord). Having made observations of the client, the consultee might have seen new aspects or have attended to the client in a new way. The observations (possibly interviews) are used as basis for a joint discussion of what is happening between the client and other clients and between the client and the consultee. In this analysis, the consultant is not asking directly for the feelings of the consultee, but rather "what happens when x is doing like this? What kind of feelings does he evoke in grown-ups, how does it end? This analysis will eventually result in a shared reflection regarding the consultee's practice and interaction with the client, and what she alternatively could do. Using Winnicot's (1971) terminology, an *intermediate area,* or a *playground* is constructed in consultation. When the consultee thereafter tries out her ideas in real life this may lead to a favorable outcome, and the consultation is finished.

Identifying the psychological dilemma, (the third chord). When a case does not turn in a positive way or is worse than ever, the consultant is trying to explore what she hasn't understood. The consultee may be ashamed of her own behavior or not believe that the consultant has understood her problem. Or the client might be very difficult or hard to understand. Containing is a way for the consultant to relate, making it possible for the consultee to ventilate forbidden feelings and unwanted ideas, such as wanting to get rid of the client. Not until there is trust and understanding is it possible for the consultant to ask for observations and receive them, and the process can continue with interactive analysis.

Chapter 3

RESEARCH ON CONSULTATION

Swedish research on psychological consultation is rare. Case study method has been used to evaluate and describe consultation in child day-care and pre-school, (Carlberg, Guvå, & Teurnell, 1977; Falck-Järnberg, Janson, Olsson, & Orrenius-Andersson, 1980). Risling (1987) wrote about organizational development and consultation. Evaluations of consultation programs have been conducted in Lidingö (Brodin & Hylander, 1995) and Östersund (Wiström, Hanson, Qvarnström, & Westerlund, 1995). Fyhr (1995) explored supervision to care giving institutions, a process with similarities to consultation. Internationally research on case consultation has mainly been conducted in the US. There are but a few articles from other countries: Israel, (Mester & Klein, 1982; Caplan & Caplan, 1995) Russia, (Pakhal'ian, 1990) and Greece, (Hatzichristou, 1999). In Norway, Johannesen (1990) explored the process of group consultation to child day-care. Most research on consultation has focused on educational settings.

This research overview starts with a discussion of research methodology and problems inherited in consultation research designs. The congruence between consultation approach and the research method used is also addressed. The actual overview covers *outcome studies*, *process studies* and *studies of consultee and consultant variables*.

Methodology in consultation research

Two types of research have historically been important for consultation research (a) action research and (b) evaluation (Mead, Hamilton & Ka-Wa Yen, 1982). These types of research share a similar difficulty. In action research the change-agent and the researcher is the same person. In evaluation, the consultant and the researcher is often the same person and thereby interested in giving a "good" answer to the evaluation question.

In the beginning and middle of the1980's there was an interest in new perspectives trying to find a common model for how to identify and define what should be investigated. Mead, Hamilton & Ka-Wa Yen, (1982) constructed a research matrix, delineating different research *methodologies, variables* under study and consultation *approaches*. Pryzwansky (1986) proposed a set of variables to cover a basic minimum of information in each study. Gallessich (1985) proposed a meta-theory of consultation, giving examples of broad questions that theory should address and postulates that might be advanced. Authors of scientific articles on consultation were foreseeing a future trend with titles like "On the verge of a break through" (Bardon, 1985) " and "The time has come the walrus said" (Meade *et al.*, 1982). Since, it has been a decline in this kind of writing. Theoretical and conceptual issues have not been addressed, in the expected way. Experimental designs have turned more rigorous and solid but focus almost exclusively on behavioral consultation (Bramlett & Murphy, 1998). Lately there are proposals for alternative designs, addressing also other approaches (Pryzwansky & Noblit, 1990; Henning-Stout, 1994; Meyers, 1995).

Problems in and limitations of consultation research

Many researchers address the lack of methodological rigor, characterizing most consultation studies (Hughes, !994; Meade, Hamilton, Ka-Wa Yuen, 1982; Pryzwansky 1986; Wiström, 1990). In 1982 Meade *et al.* stated that empirical literature on consultation was in about the same state as empirical literature in counseling and psychotherapy 20-30 years back. Still, Hughes (1994) is of the opinion that the best outcome studies predate the 1980's. He found no studies reporting clinically or socially meaningful outcomes for students, that were methodological rigorous.

The most obvious weakness is the fact that many studies use young students instead of experienced consultants and that the consultant's training seldom is specified. Furthermore, different approaches of consultation are not well defined in terms of their concepts and processes. Few results render theory that can explain what is happening in the consultation process, i.e. showing how the consultant's intervention relates to the consultee's interaction with the client and to the problem that originated the consultation. There is a lack of follow up data. The investigator is frequently serving as consultant. (Pryzwansky, 1986; Hughes 1994; Meade *et al.*, 1982).

Outcome studies generally demonstrate a positive change of some kind, but these changes are difficult to interpret, as the methodology is unsophisticated. Process studies are frequently non-theoretical and research on consultant and consultee variables is trait-oriented instead of strategy or technique oriented. The studies are too few to draw any conclusions (Meade *et al.*, 1982).

Researchers certainly recognize the immense difficulties in doing more rigorous experimental research on the application of consultation. This is one reason why case studies and other qualitative methods lately have been advocated (Pryzwansky & Noblit, 1990; Henning-Stout, 1994; Meyers, 1995a; 1995b).

Congruence between consultation method and research methodology

Those few studies that have used control group designs use a prescriptive consultation method. It seems like experimental methods are easier to apply to prescriptive methods of consultation than to non-prescriptive models. According to Hughes (1994) the prevalent behavioral consultation model has restricted outcome assessment. Even if Caplan is the most cited author of case consultation work (Erchul, 1993) and even if consultee-centered consultation is a part of most university courses in consultation, this approach is a rare practice in the US. One reason might be that behavioral theory is generally the dominating theory in school psychologists training another reason that consultee-centered consultation takes long time to learn (ibid.). Consequently, there has been very little research on consultee-centered consultation since the end of the 70's.

One research method being perfectly well suited to assess one consultation method may not fit another type of consultation method, which is illustrated by the following, well controlled and sound study by Dunson, Hughes & Jackson (1993). They studied consultation with ten teachers having students with ADHD, using ten teachers with the same type of students as a control group. In order to have a common set of problem, which also is very disturbing in a classroom, children with ADHD problems were selected. Behavioral consultation was selected because it is well defined and the behavioral goals are precise (Bergan, 1977; Kratochvilll & Bergan, 1990). Target behavior was clearly specified in behavioral terms, prior to consultation. The child's behavior was assessed by various measurements assessing ADHD. Three consultation sessions, equal for all, were completed during a period of six weeks. In evaluating the consultation, the consultant asked the teachers what they had implemented, and the teachers' answers were compared to the consultant's plan of implementation.

Observations before and after show that that the intervention group of children improved in classroom behavior, where as the control group did not. A strong relation was found between teacher's evaluation of the consultant and their ratings of behavior improvement of the child. Between teachers' self-efficacy and their evaluation of the consultation a negative effect was found.

This experimental design, being perfect for the behavioral model investigated, could, however, not have been used in a consultee-centered model of consultation. It leaves very little space for a joint problem identification interaction between the consultant and the consultee, as the client problem is identified prior to consultation. The consultation ends after three sessions, not when the problem is solved. Also, the change is expected after a very short time (6 weeks). There is a consultant plan to be implemented and there is an assessment of how well the teachers have followed the consultant's plan. Thus, this research method fits very well with a prescriptive consultation model but not with a non-prescriptive consultee-centered model.

Particularly two measurements used in research are specifically linked to prescriptive models of consultation and impossible to use in a non-prescriptive model of consultation, (a) *treatment acceptability* and (b) *integrity of interventions*. Treatment acceptability is the extent to which the consultee is accepting the consultant's plan. The measurement of how well the consultant's plan is implemented by the consultee in relation to the client is labeled integrity of intervention (Bramlett & Murphy, 1998; Greshham and Kendell, 1987; Erchul & Martens, 1997). These measurements reflect a natural science perspective. There is an expert knowledge and an ideal way of solving the problem. In a consultee-centered consultation it is different. If the consultee should take the advice from the consultant without having the possibility of rejecting it, this would not be seen as a success, but as a failure. In such a case the necessary co-ordinate relation between the consultant and the consultee had not been established.

Outcome studies

Meta-analytical studies (Mannino & Shore, 1975; Medway & Updike 1985; Alpert & Yammer, 1983) and research overviews (Bramlett & Murphy, 1998) have shown that consultation is effective. Duncan & Pryzwansky (1987), showed, however that only 4 out of 52 studies in the meta-analysis used follow up data and the majority of the studies used data from only one source, usually consultee satisfaction. Thus very few studies assess independent client variables. Still the general findings are that educator across studies indicate that consultation is a desirable professional practice (Noell, Gansle & Allison 1999; Gresham & Kendell, 1987; West & Idol, 1987).

Studies demonstrate changes in consultee's *understanding or perceptions* of self or of students, as a result of consultation (Gutkin, Henning-Stout, & Piersel, 1988; Gutkin, Singer & Brown, 1980). *Shared perceptions* of the consultation process between the consultant and the consultee are related to more favorable perceptions of the consultation outcome, (Erchul, Hughes, Meyers, Hickman & Braden, 1992).

Outcome studies show few differences between *different consultation models*. Lately, behavioral consultation has been proved to be more effective than other approaches. It is, however, studied four times more often than for ex. mental health consultation (Bramlett & Murphy, 1998).

There are a few outcome studies saying that consultee-centered consultation was efficient in reducing *consultee anxiety and hostility*. Samples are small, however, and it is difficult to know if the measured changes really can be attributed to the consultation process (Meyers, 1995b).

Addressing the complication of second- and third-order *consequences in other areas* than the expected as a result of consultation, Hughes (1994) refers to a study of Jackson, Cleveland & Merenda, (1975). Different consultation models to teachers were compared. In the behavioral consultation condition, disruptive behavior in the classroom decreased following consultation, but the classroom climate became more closed and controlled. Those children also experienced a significant decrease in reading achievement test scores, in spite of showing the largest increases in grades, as compared to the controls and the other experimental groups. They were also perceived as less imaginative and competitive than children under the other consultation conditions. The teachers, however, perceived the program as very helpful. Hughes' conclusion is that the question, "Does consultation work?" Should be replaced by the more specific question, "What consultation approaches result in what effects with which clients and consultees?" Furthermore "the effects should be selected based on a working theory of the problem, so that the results advance the theory that guides practice." (Hughes, 1994, p. 82)

Summing up outcome studies. The scientific rigor is often questioned. Generally, studies show that consultation is effective. There is few evidence of one consultation method being more effective than another method. Lately some studies favor the behavior consultation model, showing it to be more effective than other models. On the other hand where those studies are performed there is hardly any other practice.

Process studies

Process studies have mainly two approaches, (a) considering the *stages of consultation* or (b) considering *the relation between the consultant and the consultee*. In an overview of trends in doctorial research from 1978-1985, Duncan & Pryzwansky (1987) show that research, addressing process variables in consultation, while increasing is still minimal, and they state that more research regarding consultant-consultee interaction is sorely needed.

Stages in consultation

Research on stages in the consultation process is often generalized even if the results are model specific. Even though there is little empirical evidence of specific stages in consultation, many researchers describe consultation as a process going through a defined set of phases. Bergan and Tombari (1975) specified four steps in the behavioral consultation model: problem *identification*, problem *analyses*, *intervention* and problem *evaluation*. Alpert (1995) also identifies four stages: *hypothesis, assessment, intervention and continuation or institutionalization.* Meyers (1995) identifies the following stages: *contract negotiation and entry, problem definition, consultation intervention and assessment of impact.* He notes that success or failure in a consultation process depends on whether these stages are implemented or not.

According to Pryzwansky (1989), different models may be successful at different stages of the consultation process. There are only a few studies exploring interventions in different phases of the consultation process. Schroeder & Miller (1975) showed that an entry stage with a high degree of collaboration, a consultant style emphasizing feedback and a formal evaluation, all favored the consultation outcome.

The relation between consultant and consultee

Erchul, Hughes, Meyers, Hickman, & Braden (1992) describes two approaches to process research, (a) monadic variables reflecting the behavior of either the consultant or the consultee, (b) dyadic variables reflecting the behavior of the consultant and the consultee simultaneously. Many researchers are now asking for more dyadic studies of the consultation process i.e. including investigations of the interaction between consultant and consultee (Froehle & Romminger, 1993, cited in Dougherty *et al.* 1997). Research on such interactions is often termed interpersonal process research and although still in infancy there has been a substantial amount of interpersonal research in consultation during the last decade (Witt, 1990; Dougherty, Henderson & Lindsey, 1979; Meyers, 1995b).

Bergan & Tombari (1975) in a classical study coded the verbal interaction between consultants and consultees, according to *source, control, content and process*. This analyst record was used to create indices of consultant effectiveness in the different phases of the consultation process. The main results of the study are (a) the biggest predictor of plan implementation is problem identification and (b) plan implementation accounted for almost all of the variation in problem solution.

Erchul (1992) summarized the findings from the verbal interaction studies. He found that effective consultation is characterized by an agreement between the consultant and the consultee regarding the description of the child's behavior, a cooperative relationship between the consultant and the consultee and an agreement on each other's role. These findings are all in line with earlier research. There are results, however, that have raised a controversy among consultation researchers. Erchul argues that effective consultants may exercise more interpersonal control in the consultation process (measured by asking questions, offering directives etc.). Effective consultation may also involve a co-operative relationship between consultant and consultee in which the consultee follows the lead of the consultant. Relying on these results, Erchul (1987) and Erchul & Chewning (1990) suggest that consultation is better described as a controlling rather than a collaborative relationship. These conclusions have been questioned by many researchers and practitioners as most of them have since long considered consultation founded on a collaborative relationship. Henning-Stout (1994) refers to research that has shown that consultees prefer consultants that are interpersonally accessible, and like being asked rather than told what to do. Consultees are more likely to carry out intervention plans when they have been involved in plan development. The controversy between consultation as controlling and consultation as collaborative (non-prescriptive) reflects the difference between a positivistic and a humanistic or constructivist approach to research (ibid.). Research reflecting consultees' preference for collaboration is based on interviews with participants where their answers are considered credible and valuable. On the other hand, the research on verbal interaction is based on researcher-generated schematics, a typology of verbalization. In this typology the act of asking questions is considered a controlling activity. To me this emphasizes the importance of separating the terms of prescriptive/non-prescriptive from the terms of directive/non-directive. Asking questions may be a directive interaction, but not a prescriptive interaction. Thus, when consultees prefer a collaborative approach, it is likely that they favor a non-prescriptive approach but may still not be in favor of a very non-directive interaction in the dialogue. It is also worth noticing that in the verbal interaction research, described above, experienced teachers and teachers with high self-efficacy, rated the consultation experience as less valuable than did inexperienced teachers.

A Norwegian study by Johannessen (1990) is one of the few studies focusing on interaction between the consultee and the consultant as seen in praxis. She studied group consultation in child day-care and addresses the content of the consultation as well as the process of consultation using a qualitative research approach inspired by Bateson (1979). She emphasizes the difficulty of "catching praxis through research" saying that it is an illusion to believe that research could cover the total variances of consultation praxis" (ibid.). She also found a great gap between how consultation is described in theory and what it is like in actual praxis.

Falck-Järnberg, Janson, Olsson & Orrenius-Andersson (1980). studied relations in different stages of the process. In a case study covering ten consultation cases in Swedish child day-care, they delineated three stages, *problem identification, working through* and *closure.* They found that the identification of the problem was crucial to goal achievement. They also found that consultants who identified the problem also used a directive style, (asking more questions, structuring the sessions and taking responsibility for the dialogue) as compared to those consultants who used a non-directive style characterized by listening.

Congruence

Congruence between the consultee and the consultant is emphasized in consultation process research. Agreement on the nature of the problem, the degree of perceived goal similarity and the model of consultation are all examples of congruity. There is a high degree of agreement between what teachers expect from consultants and what consultants view as important for consultation effectiveness (Harris, Ingraham & Lam, 1994). The extent to which consultants and consultees *develop similar perceptions during* consultation has, however, not been extensively investigated. Noell, Gansle & Allison (1999) carried out a study regarding how consultants and consultees shared similar perceptions of the *referral concern*, the *intervention planning process* and *intervention out comes*. They state that even if data suggest that consultee's verbal report may not agree with direct measures of client behavior, these reports are still valid measure of the consultees' perception or subjective appraisal. The school psychologists in the study of Noell *et al.* (1999) were consulting with teachers as part of their professional practice. School psychologists and teachers exhibited rather high levels of agreement. The conclusion of the study was that teachers and school psychologists tend to develop similar perceptions of (a) the student, (b) the consultation process and (c) the intervention outcome. As the return rate was as low as 43%, there is a risk that those not in agreement with the consultant did not return their questionnaires.

Mead *et al.* (1982) emphasized the importance of *goal similarity* between the consultee organization and the consultant organization. They also state that collaboration is a successful way to enter an organization.

Indirect versus direct interventions

The effect of different kinds of *confrontation* in consultation was investigated by Dougherty, Henderson & Lindsey (1997) and Dougherty, Henderson, Tack, Deck & Page (1997). Students in consultation training were asked to rate the effectiveness of confrontation under different conditions and in different stages, from non-authentic video taped sessions. Even if the study is experimental, and analogue, making it hard to generalize to real practice, it highlights an interesting interaction between consultant and consultee. The effect is related to different stages in the consultation process, and to high facilitative and low facilitative conditions. Confrontation was rated more effective under high facilitative conditions ("good" consultation practice). Under low facilitative conditions, confrontation was rated less effective for experienced consultants than for inexperienced consultants.

Indirect confrontation in contrast to *direct confrontation* was rated as more effective in all stages except for the disengagement phase, where direct confrontation was rated as more effective.
Meyers (1995b) found that indirect methods could be combined with confrontation.

Summing up of process studies: Many researchers single out different stages in the consultation process, although there is little empirical evidence of the real existence of such stages. There is a general agreement of the positive effect on consultation on congruence between the consultee and the consultant on perceived goals, model of consultation and target. There is definitely a need for more research on interaction between the consultee and the client. Research on verbal interaction in different stages of consultation, has raised some controversy regarding the co-ordinate or the controlling interaction on part of the consultant. It is suggested that these findings may be model specific, e.g. a behavioral model may need more control to be effective than a consultee-centered model. It is also suggested that the controversy partly may be caused by confusion between the concepts of "prescriptive" and "directive".

Consultant and consultee variables

Teachers with low *self-efficacy* (the degree to which teachers think they can influence their students.) will be more favorable to behavioral consultation (BC) as BC presumes a submissive role to the consultee (Dunson, Hughes & Jacksson, 1994). The study on consultation to teachers with ADHD students, previously referred to, showed no correlation between teachers' years of experience and acceptability of BC and outcome. A negative correlation was however, found between teachers self efficacy and their evaluation of the consultation. This result is in line with earlier research that more confident teachers may perceive less positive outcome for consultation, report less change in their professional functioning, are less likely to participate and rate consultants intervention as less acceptable (Hughes, Grossman & Barker, 1990). Swedish studies (Brodin & Hylander, 1995; Wiström *et al.* (1995) show no differences regarding training or experiences on teachers' ratings of consultation (CCC) outcome, or their willingness to consult again if a new problem would appear. Elliot (1988) shows that teachers who are more knowledgeable about behavioral interventions are also more favorable to behavioral interventions, thus suggesting that teachers choose what they are used to. Dunson, Hughes & Jacksson (1994) found a strong relation between teacher's evaluation of the consultant and ratings of behavior improvement.

Pryzwansky (1985; 1989) suggests that *problem solving* is an important part of the consultation process. The most critical stage of problem solving is finding the problem. Experienced consultants were found to be much more effective in identifying the crucial problem than the novice consultants were. Once the problem was found, however, there was no difference in effectiveness. The author discusses if there is such a skill as problem solving, and how this skill could be learned.

Gutkin (1981) found that *lack of objectivity* was an infrequent focus in school-based consultation, as compared to lack of knowledge. In the Lidingö study (Brodin & Hylander, 1995) the most common answers from the consultees to the question what consultants had contributed were "someone coming from the outside", "giving new perspectives" "a neutral person" i.e. issues focusing subjectivity. Meyers shows that consultee-centered consultation may be effective when there is a lack of objectivity (Meyers, Brent, Faherty & Modafferi, 1993). These results may reflect the fact that teachers as well as consultants are referring to the kind of consultation approach they are used to. Consultees used to a consultee-centered approach express their need for a consultant who can help them to see more clearly and more objectively in order to handle the problem. Consultees used to a behavioral approach rather express a wish to get more knowledge and advice on how to handle the problem.

Pryzwansky emphasizes the *training issues* of the consultants and suggests that consultation training should be considered in the late stage of the doctorial training or even post doctor. The way to learn it is through modeling and supervision. Holloway & Wolleat (1994) also emphasize the supervision process in consultation.

Gender and *multi cultural issues* in consultation are addressed by Henning Stout, (1994) and Harris, Ingraham & Lam (1994). Harris *et al.* (1994) found no differences in consultee preferences for consultants in respect to gender. Ingraham (1999) proposes a model for supporting consultees in the development of cultural competence.

Summing up consultant and consultee variables. Consultees' preferences for consultation models, depend on their earlier experience and recognition of consultation model, i.e. they choose what they are used to. There seem to be a negative relation between teachers' self-efficacy, and evaluation of behavioral consultation. Experienced consultants identify the crucial problem more often than inexperienced consultants. Once the problem is identified there is no difference in outcome between experienced and inexperienced consultants. Gender and cultural issues have lately been subject to investigation, but there is little empirical evidence to show any consultee preferences, or effects of differences or similarities.

New approaches to consultation research

Consultation is a complex process and simple relationships of cause and effect are not likely to be found. There is, however, a new interest in dynamic models of consultation, and in qualitative research methods (Henning-Stout, 1994; Meyers, 1995; Pryzwansky & Noblit, 1990; Rosenfield, 1991; Sandoval, 1999). Pryzwansky (1986) proposes the use of a multivariate research orientation. To avoid the difficulty of finding control groups, time series methodology where a system serves as its own control can be used (Mead *et al.*, 1982). Advancing the use of case studies is another alternative that also involves practitioners in the research process (Mead *et al.*, 1982; Pryzwansky & Noblit, 1990).

Henning-Stout (1994), addresses consultation research from a constructivistic, feministic and post-modern approach and writes: "This perspective- the positivist approach to understanding human relationships like consultation is not wrong, but it can provide only a partial view of any phenomenon to which it is applied" (p. 9). She proposes a list of characteristics of a constructivistic approach to consultation research. Research should have its source in the experiences of the people whose lives are immediately touched by the consultation process. Further research should be guided by general questions identifying, delineating and defining emerging categories in order to build a grounded theory of consultation (ibid.). Also Rosenfield (1991) suggests that consultation practice should be the primary source of research questions.

Meade *et al.* (1982) propose the use of *action research* using feedback as one powerful intervention in consultation. They refer to a model of evaluation by Brosowski and Driscoll where evaluation is an integral part of the consultation efforts.

For behavior consultation with roots in natural science, positivistic research methods are a natural choice. For consultee-centered consultation with roots in human science, qualitative research approaches may seem more adequate. On the other hand this splitting creates a danger. There is a need for research methods that can take into account the differences of all models. Experimental methods that consider different prerequisites and qualitative methods exploring all different models of consultation are needed. Such an approach may lead to a deeper understanding and knowledge of what is really going on in consultation in practice, where models seldom are so clear and well defined as in experimental settings.

Since consultation is a new research field, there are many issues that need to be explored and described before those questions could be asked that render hypothesis-testing studies. Research on school-based consultation has increased dramatically, but the majority of this research is based on behavioral theory, with some recent research focused on cognitive-behavioral and systemic models (Gresham and Kendell, 1987). Thus there is a need to increase research on consultation, using alternative methods that are appropriate for psychodynamic as well as behavioral, cognitive-behavioral and systemic consultation approaches (e.g. qualitative research and small N-methodologies) (Meyers, 1995b). Meyers states further that:

> It is a mistake for the field of consultation to be dominated by particular theoretical orientations "e.g. behavioral theory or particular approaches to research methodology (e.g. large-N experimental designs). Instead a range of theories and research methodologies are needed to maximize the potential to develop new information that will benefit the field of school-based consultation. There is a need for more research that investigates efforts by school practitioners to implement consultation and the efficacy of particular consultation strategies is especially needed." p. 80.

Research in a nearby field: supervision

Supervision is a nearby field where research encounters similar difficulties as consultation. Supervision and consultation are professional processes that sometimes are difficult to differentiate (Drapela, 1983; Hylander, 1995). Caplan (1970) identifies the difference between consultation and supervision, to be related to differences in professional roles. *Consultation* is a non-hierarchical interaction between professionals from *different disciplines*, while *supervision* is an interaction between a more experienced and a less experienced colleague from the *same discipline*. Supervision has a connotation of evaluation and/or managerial leadership.

Szecsödy (1990) addresses the hierarchical relationship in psychotherapy supervision, stating that the supervisor has to be aware of and handle the issues of authority and dependence that this relationship will yield.

This traditional definition of supervision is, however challenged by recent development, where (a) supervision is regarded as a non-hierarchical relationship and (b) psychologists and counselors are defining their interaction with teachers as supervision (Näslund & Granström, 1995). Still there are surprisingly few cross-references between those two fields of consultation and supervision. Some Swedish supervisors label a non-hierarchical relation between colleagues from different professions "consultative supervision" (Bernler & Jonson, 1985; Crafoord, 1990; Ahlin, 1993). Glickman and Kanawati (1998) characterize the broad lines of the development in school supervision as (a) a shift from individual to group focus, (b) from evaluation toward facilitating growth (e.g. from a prescriptive to a non-prescriptive model), (c) from micro- to macro conceptualization and (d) from individual focus to creating community. Stiwne (1993) illustrates a similar development in clinical supervision. In this writing there is a strong *organizational* impact and a supervisee-centered approach. This approach calls for a supervisor with competence in organizational and group processes. Thus, a supervisee-centered model focusing on organizational matters identifies the same professional process as consultee-centered administrative consultation (Caplan, 1970).

Other authors, however, emphasize the need of unifying *curriculum* and supervision. They argue that curriculum should always be the objective of supervision in schools. The supervisor should be an educational expert and thus from the same profession as the supervisee, (Glickman & Kanawati, 1998). Also in Sweden, the point is stressed that supervision in schools is instructional or educational supervision, curriculum being the focus (Hammarström-Lewenhagen & Ekström, 1999). Others (Glatthorn, 1990) emphasize a *hierarchical* supervision process saying that the educational leadership should include all: curriculum, supervision and organizational leadership.

School supervision research seems to encounter the same scientific problems as consultation research according to Glickman and Kanawati (1998). Many studies lack in rigor. Most studies have used a quantitative approach to inquiry, hard to adapt to the complex process of supervision. Several authors in *Handbook of research on school supervision* (Firth & Pazak, 1998) propose innovative methods, particularly different kinds of qualitative research methods.

Chapter 4

DISCONTINUOUS CHANGE - TURNING POINTS

Studies of turning points in scientific literature appear in different kind of studies of human relations. It has not been possible to find any studies referring to turning points in consultation. Auerbach (1986) refers to cognitive theory and the theory of cognitive dissonance, discussing how turning point decisions are carried through, leading to normalization between enemies. His definition of a turning point decision is:

> Those, which deviate significantly from previous decisions on a specific issue, bring about conspicuous shifts in policy regarding the issue and change dramatically the relations between the peoples (ibid. p 534)

Hollady, Lacovich, Coleman, Harding & Denton (1998) studied turning points in the relation between girls and their maternal grand mothers. The definition of a turning point in that study is "any event or occurrence that is associated with a change in relationship". Most of the grand daughters could readily identify turning points in their relations. Both negative and positive turning points were identified. Carlberg (1999) refers to concepts with similar meanings, like "peripeti", the turn of the story, "epiphany", an interactive moment and experience which leaves marks on peoples lives, often moments of crisis and "pivotal moment".

It is, however, mainly within psychoanalytical therapy studies that the concept of turning point is focused. Comparing turning points in psychoanalytic therapy to turning points in consultation creates a problem as consultation by definition is a process aiming towards a solution of a specific problem, and thus a turning is an expected and ideal outcome of a consultation process. Studies of short-term therapy and crisis therapy would make it easier to make analogies. No such studies of turnings or turning points have been found, however.

Klimovsky *et al.* (1994) differentiate between *continuous* and *discontinuous* changes in psychotherapy, comparing with mathematical theory. Continuos change takes place by accumulation of small processes following one another, or by minimal changes that are hard to perceive. Discontinuities are distinct leaps and can be separated into "*removable discontinuity*" (there only appear to be a success in the therapeutic process but it does not correspond to any real and profound change) and "*essential discontinuities*", which also consist of sudden jumps, but constitute a genuine change.

Szecsödy (1990) studied changes in the learning process of psychotherapy supervision, approaching the issue of discontinuous and continuos change. He referred to Piaget's concepts. *Assimilative learning*, where new information adds to the old one, is a continuos process, *accommodative learning*, where new information results in a fundamental modification of the existing cognitive scheme, is a discontinuous change. Szezödy recognizes a context that he labels a "*mutative learning situation*" which leads to a change in the supervisee's understanding. This occurs when the supervisee experiences something unexpected in supervision. She is simultaneously aware of her original expectation and of her experience of something unexpected. Szezödy describes this situation as "stepping out of the system".

Natterson (1993) describes turning points as:

> Turning points are moments, or strings of moments, in which there are shifts or changes in the patient's attitudes, feelings, or behavior. Sometimes turning points are a result of insight, and at other times they are the result of the patient's emotional, affective experience in therapy. Turning points can be the culmination of weeks or months of work or the product of a brief interchange, and can occur inside or outside the session as a result of work done in the session /.../ can be constructive or destructive (p. 45).

Natterson emphasizes the intersubjectivity. The interactive dynamics is necessary to establish a turning point. The therapist is influencing the patient and the patient is influencing the therapist. Grönlund (1994) studied turning points in dance therapy with children. She notes that turning points may seem sudden and dramatic but are usually prepared for during many sessions. In her study, the child initiated the turning points as many times as the therapist. Werbart (1993) defines turning point as:

> A structural turning point when the inner constellation of relations to the primary object creates a new pattern, when a new "gestalt" manifests itself against what has prior been considered self evident – "this is the way it is" (p.272).

Böhm (1992) defines turning points as:

> A momentary sudden change in quality, depth or direction /.../ it is as if a metaphorical new door to a new unexpected room is opened (p. 675).

Böhm contrasts turning points to structural change, which is a slow process and regards the turning point as a forerunner to structural change. There are two elements that are of vital importance for turning points to occur in a therapy, one is *confrontation* and the other one is *surprise*. The aim of the confrontation is to lift off an old maladaptive defense. Surprise is seen as *a link between the unconscious and the conscious*, coming from the interaction between the analyst's and the patient's unconscious.

> The surprise will work as a sudden navigational maneuvers or turning points with lesser or bigger changes of directions" (Böhm, 92 p. 680).

Before this "smoke signal" from the unconscious, interpretations and constructions are intrusive. The experience of the turning point is the feeling of having an inner life. This experience can then be used in interpretations and working through and thus generates a structural change. The discovery of unconscious defensive intention becomes a crucial element of the turning point. With the concepts of surprise and discovery, Böhm proposes that there is something more in the process of psychoanalysis than interpretations and constructions.

Stern, Sander, Nsahum, Harrison, Lyons-Ruth, Morgan, Bruschweiler-Stern & Tronick (1998) develop the view about "something more" in their article *Non-interpretative mechanisms in psychoanalytic therapy*. Their idea is based on the concept of *implicit relational knowing*, which is the non-symbolic representation of interpersonal events, which the infant develops starting during the first year of life. This mechanism makes infants react by anticipation, expectations, surprise and distress, in their interaction with others. A shift in this implicit relational knowing will be felt like a sudden qualitative change.

Stern *et al.* (1998) describe the interaction of adaptation between infant and caregiver as a process of *moving along*, and of *moments of meeting*. In moments of meeting each one in the interaction grasps a similar version of what is happening, now, here, between us. This meeting leads to an altered implicit relational knowing. In therapy, the authors suggest, that the process of moving along is made up of a string of *present moments*, which are the subjective units marking the slight shifts in direction while proceeding forwards. Some of these present moments are more loaded by affect (*now moments*). When those now moments are seized in the therapeutic process by an authentic, specific personal response, it becomes a *moment of meeting*. Now movements are unexpected or weird and often confusing. The analyst may see "a window of opportunity" and the patient may regard it as a "watershed". Moments of meetings cannot be reached by routine or technical interventions, only by responses that are novel and unique to the specific situation. In the moment of meeting the inter-subjective context gets altered and thereby the implicit relational knowing is altered.

Now moments correspond closely to what Moreno (Kellerman, 1992) labels *action-insight*. It is described as a cognitive release of an idea from the unconscious. *Catharsis*, i.e. "the release of stored up content through affective expression" is a forerunner to action insight. Action insight may come as a sudden flash "Eureka" or as a gradual process. The steps involved in achieving action insight are according to Kellerman similar to those of a creative problem solving process. Interventions like interpretations are not particularly important instead the concept of *tele* is stressed. Tele is a process free from transference and countertransference, an authentic meeting in which "people take each other for what and whom they are" a process similar to Stern's *moment of meeting*. In psychodrama the ideal situation is that transference is switched from the therapist to the other members of the group, acting in the drama. Using the concept of tele, Moreno is deeply influenced by existentialist philosophy.

Carlberg (1996; 1997; 1999) uses the concept of turning points in studying child psychotherapy processes, focusing on how the *nature*, the *content* and the *background* of change in child psychotherapy can be described and analyzed? He addresses the issues of *insight* contra *relation*, and *verbal* contra *non-verbal insight*, discussing recent trends where many researchers stress relation as a forerunner to insight and the possibility of non-verbal insight as a change mechanism. A turning point session is defined as:

> A session where the therapist notices that something qualitatively new may be identified concerning the behavior of the child or the child's way of showing his/her inner world, or where something new enters the interplay between the child and the therapist (Carlberg, 1997, p. 338).

In four different studies Carlberg identifies turning point sessions, from the perspective of the therapists, their notes, reports and reflections. Therapists were ready to identify a turning point session, but realized that it was more complicated than they first had in mind. It is easy to recognize the phenomenon but it evaporates readily.

In his first study, Carlberg (1996) reviews five therapy sessions with turning points. He describes the process of change in three steps, from a *process that has been under way* for a long time, through an *emotional encounter* between the child and the therapist on to a *distinct presentation of the change*. There are *startling moments* in all therapies, and in three of the therapies there is an *emotional encounter* between the child and the therapist. Three out of five turning points occurred after a long break. These kinds of changes can be described in terms of inter-subjectivity (Stern 1991; Natterson, 1993). Carlberg (1999) concludes that it is possible to identify turning point sessions. There is a process preceding the change, a meeting with a great emotional impact between the therapist and the child and there is something unpredictable connected to it.

A study of turning point sessions with a wider range of cases (n = 102) gave, however, a somewhat different picture (ibid). The turning point sessions were less frequent than expected and harder to identify. They ranged on a scale from *clearly identifiable turning points* through *turning point like changes* and to *process goes on*. Different therapists tended to regard the therapy process as either a change situated in time or as a continuous process. These results underline the difficulty in identifying exactly *when* the turning point is taking place. Negative turning points were also studied and discovered to be a part of the process that eventually might lead to a good outcome. They are only negative in the short run. For me, this highlights the definition of turning point. If it is defined as the point where, and when it turns, a negative turning point by definition is the point where the process turns towards a negative outcome. Thus an incident that is experienced as negative, but leading to a positive outcome, would still be a positive turning point.

Carlberg categorizes the content of the changes as *attachment/dialogue*, *conflicts* and *working through*. Attachment appears in the beginning of the therapy and conflicts and working through towards the end. Changes are identified differently depending on the child's problem. For a severely disturbed child an attachment issue can be a significant turning point while for another child it is seen as "process goes on". Carlberg points out that there is a close connection between breaks of the therapeutic frame and the identification of turning points. The therapeutic relation offers possibilities of both closeness and distance. Turning points are connected to strong emotional encounters. Carlberg's concluding theory proposes that each change can simultaneously be regarded as the beginning and the end of a process.

PART II

METHODOLOGICAL CONSIDERATIONS

Part II consists of chapter five to six. Chapter five gives the background to the choice of research approach. Grounded theory is presented and the application of the method in this study is discussed. Chapter six focuses design and analysis in the present study and outlines the different steps in the research process.

Chapter 5

RESEARCH APPROACH

Choice of research approach

One of the most salient facets of human life and psychological processes in particular is ambiguity and lack of precision. Still, the most dominant research-paradigm within the field of psychology is based on methods reducing life phenomena to objective measurable entities. During the last decades qualitative research-methods, have gained influence in social and human science, but have been much more predominant in sociology and education, than in psychology.

It may seem to be rather obvious that different research problems require different research methods (Guba & Lincoln, 1994; Allwood, 1997; Starrin, Larsson, Dahlgren & Styvborn, 1991). Still, arguments around which is the best method frequently focus on the polarity between quantitative and qualitative methods, although many researchers today claim, that the important issue is not counting or not counting, but what kinds of philosophical underpinnings that guide the method (Guba & Lincoln, 1994; Allwood, 1997). Guba & Lincoln stress the point that the difference between quantitative and qualitative methods is not primarily a distinction between different research strategies. Both quantitative and qualitative methods can be used from very different points of belief systems. The question of method is second to the question of paradigm. They recognize, however, that qualitative research is used as an umbrella term, implying more than the absence of numbers.

Most important is what kind of information is possible to achieve, through the method used. Many researchers distinguish between methods being (a) *descriptive*, (b) giving deeper *understanding*, and (c) *testing hypothesis*. Others find the main cross-line go between *inductive* and *deductive* methods. Glaser & Strauss (1967) emphasize the distinction between *theory generating* models and theory *testing models*, claiming that both quantitative and qualitative data can be used in grounded theory, which is the method they propose. Many researchers propose *triangulation*, i.e. the use of different research methods in order to secure both objectivity and understanding of the diversity of human processes. Qualitative methods as a concept usually apply to research methods that are inductive and rendering a construction or a pursuit of understanding of the phenomena which are studied. However, there are inductive studies emphasizing understanding which are quantitative and there are qualitative studies testing hypothesis,

To say that quantitative methods belong with certain, specific basic beliefs and qualitative methods with other basic beliefs is according to Guba & Lincoln (1994), to over-simplify. Still, there is an interaction between basic beliefs and the methods, in such a way that not any belief can match any method. Guba & Lincoln identify four main research paradigms with different philosophical roots: positivistic (b) post positivistic (c) critical theory and (d) constructivism. These four different paradigms are compared according to their *ontology*, *epistemology* and *method*. The ontological question is "what is reality? Does reality exist?" The epistemological question is: "What is knowledge? (What can be known? How can knowledge be communicated?") The methodological question is "How can one find out what is supposed to be possible to find out?"

The *positivistic* basic view of reality is realism. Reality exists, and can thus be studied. Phenomena can be reduced to measurable entities. The investigator can study those entities in an objective way without influencing the result. Research questions are put to trial by stating hypothesis that are verified or not verified.

Post positivism is in many ways similar to positivism but holds a more critical view. Reality exists but is hard to apprehend because of its complexity, and interaction of phenomena. The truth can, however not be found by reduction of those in reality complex processes. There is no absolute objectivity. Critical assessment of results should be pursued in relation to other findings and other researchers' views. Results are never verified as truths, only falsified, but possibly approaching the truth.

Critical theory assumes that reality is formed by history and by different types of power structures. The structures behind this "reality" can be revealed to gain knowledge. What can be known is the specific result of the interaction between a certain investigator and a specific person, group or object. The dialectical dialogue is the method used to discover and leads to revelation, consciousness and change.

Constructivism holds the view that there is no true reality. There are constructions of reality that are kept by individuals and groups. The investigator and the object of investigation are linked in such a way that findings are created in the research process. The authors say that the distinction between ontology and epistemology thus vanish. The final aim is "to distil a consensus construction, that is more informed and sophisticated than either of its predecessor constructions" (ibid. p. 111).

Pidgeon & Henwood (1997) recognize that under the umbrella of qualitative methods there are different ideas about the ontological question. In qualitative methods there has to be a balance between an inside perspective i.e. seeing the world through the eyes of the participants and an outside perspective i.e. maintaining a distance to the participants (ibid.).

In the present study the ontological assumption is that there is a reality somewhere out there. The area under study, however, cannot in any way be defined in an objective way. Collecting information about actions, thoughts and behaviors is always an interactive process between the researcher and those studied. This is particularly true, as focus groups interviews (Morgan & Kreuger, 1993; Morgan, 1997) will be used, where new information is constructed during the interview. The representations and behaviors that are studied are subjectively selected and interpreted, by the researcher. Part of the data used has emerged in interactive interviews. So, regarding the epistemological question, the present study is holding a subjectivist and transactional view.

Searching for a research-method there were a few predicaments and presumptions necessary to analyze. Turning points as a research area has been studied with different research methods, using qualitative as well as quantitative data. In spite of extensive consultation research, there are few qualitative studies. As described in chapter 3 there is a request, in the international research field of consultation, for qualitative process studies, and a request for studies focusing on practice related to specific traditions or theories other than the behavioral approach. In Sweden there is such praxis, but no such study has been performed since 1980. The international consultation community has recognized this Swedish praxis. Thus, there are many good reasons to study the consultation process and to use a qualitative research approach. On the other hand, the researcher of this study is also a professional psychologist, well acquainted with the consultation method as performed in day care pre- schools and schools in Sweden (as a consultant, a supervisor of consultants and a teacher in consultation-classes). Therefore, a research method that gives a healthy distance to the field of research is necessary, in order to save the study from preconceived ideas and wishful thinking. I see, however, no purpose in deliberately avoiding the use of earlier experience, knowledge and information relevant to the field. Thus, when looking for a research method suitable to explore sudden changes in the consultation process, my ambition was to find a. qualitative method that would give a good enough distance to data and help in exploring a practice without starting in a preconceived theory.

Coming across grounded theory (GT) (Glaser & Strauss, 1967) I found that this method seemed to fit those needs and dilemmas described above. Furthermore, I recognized the main strategies of grounded theory, as something I unsophisticatedly, although not knowing it had been doing for years, as a practitioner, while exploring my own practice. The strategy of collecting data, conceptualizing, comparing with examples from practice, finding patterns and creating plausible explanations, that can readily be modified, is a strategy many professionals practice, even though, these efforts are neither strict nor result in a dense theory.

Stern (1980) suggests that:

> Grounded theory is particularly helpful to study relatively uncharted waters, or to gain a fresh perspective in a familiar situation /.../ in attempting to study complex areas of behavioral problems where salient variables have not been identified (p. 20).

Miller (1995) using grounded theory within educational psychology practice claims that this method is particularly well suited to generating theory in complex social settings and will help build "practitioner-relevant" theory.

Some researchers consider GT as a method of qualitative analysis that can be combined with other research methods, while the originators (Glaser & Strauss, 1967) consider GT as a general research strategy that directs design, sample, coding, analyses and presentation. In this project, GT is used as the main strategy.

Grounded theory as a research method is based on an interactive approach, particularly suited to study basic social and psychological processes. Consultee-centered consultation is an interactive process, where change is assumed regarding the problem, which the consultee is presenting. The aim of this study is to explore, understand and try to explain sudden changes, in the consultation process. Thus, I think that here is a match between the area studied and the method of studying it.

In summary, the main reasons to choose GT is:

1. The need for empirically based theory that can be used in practice.
2. The method is specially suited to discover basic social-psychological processes.
3. The roots stem from the interactive approach.

Grounded theory

Background

Anselm Strauss and Barney Glaser (1969) discovered grounded theory (GT) in their combined pursuit to arrive at dense theories and to get away from the hypothetico-deductive research method that was, and still is, dominant within behavioral science. The originators were also critical to those empirical studies that, after having thoroughly described an area linked a loosely connected *grand theory* to the description. With grounded theory they wanted to give researchers and students the possibility of discovering new theories, instead of just testing the theories of others.

It is important to underline that the theories discovered through grounded theory, are *not verified* hypotheses, but hypotheses arriving from empirical data. The idea behind grounded theory is to organize thinking and ideas that arrive from data, not to organize a whole set of data (Starrin, Larsson, Dahlgren & Styvborn, 1991).

> The grounded theory approach is a general methodology of analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area. The research product constitutes a theoretical formulation or integrated set of conceptual hypotheses about the substantive area under study. That is all, the yield is just hypotheses (Glaser, 1992 p. 16).

Anselm Strauss, a disciple of Blumer in Chicago, and Barney Glaser, a sociologist, with a traditional positivistic background published in 1967 *The Discovery of Grounded Theory*. Many works have followed this book; by Glaser (1978, 1992,) by Strauss, (1978, 1987) and lately by Corbin & Strauss (1990) developing the method. In *The Discovery of Grounded Theory* the authors object to the reductionism and the quantitative positivistic strategies that were proposed at this time. They also criticize the inductive methods for being loosely fit to theory. Instead data should speak for them selves and make up a *smaller range theory* (Glaser & Strauss, 1967).

GT is a way not only to describe phenomena but also to generate theories about phenomena. The theories that are generated are *local or middle range theories*. The researcher does not or should not have prior knowledge about all the possible categories. When the theory has emerged the researcher compare with existing theories and can also link it to *grand theories* if data allow it.

The method has been most frequently used within sociological research and health research, probably a consequence of the fact that health research was the research field of the originators. Business administration and organization are other disciplines where grounded theory has been used and developed (Lowe, 1998).

It is actually surprising that grounded theory has not been used extensively in psychological research, considering the fact that one of the point of criticism from a sociological perspective is that the method focus human interaction on a micro level, neglecting structural and power perspectives (Layder, 1993). Thus, the method would actually be more suited to psychological research than to sociological research. During the 90's, psychological grounded theory studies have become more frequent (Rennie, Philips & Quartaro, 1988; Rennie, 1992, 1996). Rennie, Philips and Quartaro (1988) argue that GT is a qualitative methodology that can address the crisis of method in psychology. The authors give examples of how GT can be used in psychotherapy process research. They studied the recall of therapy-sessions, by interviewing the clients. Peirson & Prilleltensky (1994) used grounded theory to study primary prevention in a secondary school. Pidgeon & Henwod (1997) discuss the use of grounded theory within psychological research, having studied the relation between mothers and grown-up daughters. They claim that grounded theory is useful for psychologists starting out in qualitative work as it provides techniques to aid in qualitative data analysis. Polkinghorne (1994) analyzed eight studies using an adaptation of grounded theory, focusing on the outcome of counseling and psychotherapy, published in a special section of *Journal of Counseling Psychology*. Miller (1995) discusses the use of grounded theory in educational psychological practice. In Sweden, Hallberg (1992) used grounded theory studying hearing impairment. Freyne-Lindhagen (1997), in her dissertation, made a critical review, suggesting changes in the method. Many use a grounded theory-approach, without totally following the method (Colnerud, 1995; Fyhr, 1996).

Philosophical underpinnings

What kind of philosophical paradigm grounded theory reflects today - if it is a post-positivistic approach or a constructivistic approach – seems to be an open question. Through Barney Glaser, one of the originators, there is an influence from positivistic and quantitative methods. Through Anselm Strauss the other originator, there is an influence from the Chicago-school, by Mead, Blumer and Dewey.

Most writers today would recognize that symbolic interactionism is the main philosophic tradition, from which GT stems. Alvesson & Sköldberg (1994) summarize the influence of symbolic interactionism on grounded theory: (a) the *pragmatic* approach, (b) the *idiografic* approach, (c) the *qualitative* approach, (d) the *explorative* approach, (e) the use of *sensitizing concepts,* (f) the focusing of the *social act,* (g) the use of *cognitive symbols and* (h) keeping close to *empirical* data. Symbolic interactionism focuses the meaning of events and the symbols that convey this meaning. Phenomena are studied from the perspective of the actors in the environment where they act. This is the tradition from the pragmatism of James and Dewey (Stefansen, 1982).

The links between symbolic interactionism and constructivism are, however, not clear. In an earlier report (Guvå & Hylander, 1998) the research process in grounded theory is described as being constructivistic. The concepts are created in an interaction between the researcher and the empirical data. They reflect the social acts, but are constructions, getting their symbols and meanings from the interaction between researcher and participants.

Guba & Lincoln (1994) refer grounded theory to the post-positivistic paradigm. This view is challenged by Annells (1996) who distinguishes, between an early phase and a later phase. The classic grounded theory method stems from the symbolic interactionism based on the ontology of critical realism, within a post-positivistic paradigm. Grounded theory is, however, according to Annells moving toward the constructivist inquiry paradigm. Annells is making Glaser the proponent for the first phase and Corbin and Strauss proponents for the later development. She also makes a comparison with a *post-modernistic* view, finding that Corbin and Strauss approach might be evolving in that direction, though she also finds objections to this view.

Locke (1996) finds no difference between Glaser and Strauss, concerning the foundational analytic procedures, but a difference in the relation to the world under study. Where Glaser has a restrained and distant approach, waiting for concepts and theory to emerge from data, Strauss uses provoking questions and the *condition matrix* to help interpreting data.

Stern (1980), a disciple of Glaser, argues that grounded theory is an *interpretative method* which stems from the philosophy of phenomenology, as it is describing the world of the persons under study, from their point of view.

Wilson & Hutchinsson (1991) also compare grounded theory and phenomenology. They use the term "Heideggerian hermeneutics" and use it interchangeably for phenomenology. They argue that "Heideggerian hermeneutics" and grounded theory have different philosophic roots (phenomenological versus symbolic interactionism), but propose the use of the two methods in the same study as a kind of triangulation. The advantages are the combination of insightful details and deep understanding of the hermeneutic tradition and the conceptual framework of grounded theory providing practical application.

Most researchers would agree that phenomenological studies are purely inductive while GT studies are both inductive and deductive. GT studies may thus be referred to as *abductive* according to Pierce (Stefansen, 1982; Fyhr 1996). Stern (1992) emphasizes that "selective sampling", one of the sampling methods in grounded theory, is a deductive process, because data is collected with a specific purpose of answering a question. Glaser (1978) says:

> Deductive work in grounded theory is used to derive from induced codes conceptual guides as to where to go next for which comparative group or subgroup, in order to sample for more data to generate the theory (p. 38).

Pidgeon & Henwood (1997) place the original grounded theory, within the positivistic paradigm, but argue that the "discovery" or "emergence" of theory is a "result of a constant interplay between data and the researchers developing conceptualization" (ibid. p. 255). They prefer to use the concept of *theory generation* instead of emergence or discovery. Starrin *et al.* (1991) also use that term. Thus, they are emphasizing a constructivistic view - a theory is always constructed, it is not there to be found or discovered.

Polkinghorne (1994), analyzing eight studies using an adapted grounded theory, claims that the researchers use grounded theory in a constructivistic way. Wuest (1995) found, comparing feminism and grounded theory, that the latter is consistent with the postmodern feminist epistemology as it recognizes multiple explanation of reality.

Discovering a theory versus building a theory

Is there a difference between Glaser and Strauss, in ontological and epistemological perspective and if so, what difference does that make for the method? Glaser defends the traditional grounded theory. The theory must *emerge*, not be forced or constructed. What is to be discovered is found in data and the researcher has to stay in the chaos until the core variable will emerge. Glaser emphasizes the *inductive* process. The verification process is very different from the generating process. It is evident that Glaser is leaning towards the post-positivistic research tradition, saying that we are *discovering* the world, not creating it, (Glaser, 1992).

Strauss and Corbin's perspective is broader than Glaser's, but also less clear and distinct. It is not by coincidence that their book is titled *Basics of qualitative research* leaving out *grounded theory* in the title. Strauss & Corbin (1990) emphasize the subjectivity of the researcher, the interpretation of data and the *building* of the theory. They emphasize the deductive process as much as the inductive. Still, it seems like there is a reality out there to be discovered as they state that another investigator should be able to come up with the *same* theoretical explanation about the given phenomena, given the same theoretical perspective and following the same strategies. Thus, the ontology and epistemology, reflected in Strauss & Corbin's writing seem to be a mix between post-positivism and constructivism.

The conclusion of this is, that many authors and researchers wanting to move grounded theory in the direction of constructivism, find more consent for this view in Strauss' and Corbin's writing than in Glaser's writing. There is, however, an exciting paradox in this. Evidently Glaser, on *ontology* is a critical realist while Strauss and Corbin are less clear, possibly relativistic. When it comes to *epistemology* Glaser says very little about the researcher's relation to the data, except emphasizing the researcher's creativity, theoretical sensitivity and pacing to let the concepts and theory emerge, while Strauss and Corbin emphasize the subjectivity of the researcher. Looking at the styles of their writing, however, a different picture emerges. Glaser constantly emphasizes creativity, theoretical sensitivity letting important concepts appear and emerge. These are all ideas that seem to fit rather well with a post-modernistic view. Strauss & Corbin, on the other hand, describe a complicated system, a *condition matrix* emphasizing a causal relation between phenomena and the importance of filling in all categories. This is a strategy much more in line with a modernistic view (Lidman, 1997). This interpretation is in line with Stern (1994), who proposes that both Glaser and Strauss have undergone a paradoxical process of change. Glaser, coming from a positivistic school, now adheres to a deceptively loose description of the process of discovery, while Strauss, (in coo-operation with Corbin) coming from the Chicago school, now proposes a tightly directive way to use the method. Perhaps the greatest difference between these two approaches is the way they try to teach students or researchers how to use grounded theory. While Strauss & Corbin's book (1990) is made up of concrete schemes to follow, Glaser says, "Just do it!" Lately however, Strauss has claimed that GT is not supposed to be a distinct method, where the rules have to be followed strictly, but rather *a style* of qualitative analysis (Hallberg, 1994).

Modified versions of grounded theory

The original authors and others have constantly developed the procedures of GT. Thus concepts and strategies have different labels in the later books compared to the previous ones. Different authors will also give different definitions to the main concepts, which may be confusing. Many researchers claim modified versions of GT, still there are only few descriptions of *how* researchers have modified the method. Freyne-Lindhagen (1997) wants to extend GT to an action-oriented approach, and agrees with Layder's (1994) criticism. Starrin *et al.* (1991) give examples of research projects starting from a GT approach using different kinds of qualitative analyses, Hallberg uses GT as a first step in a major research program concerning the process of adaption to a hearing impairment (Hallberg, 1994). Her analysis is kept close to the method described by Corbin & Strauss in 1990, but being a part of a research program the results cannot guide the consecutive collection of data. Rather, it is an example of how qualitative and quantitative methods can supplement each other.

Critical discussion of grounded theory

The fact that it is mostly within sociology that GT has been discussed, reflects the kind of criticism that is raised. Layder (1994) finds that GT is limited to explore micro processes, not taking into consideration structural, power-related and historical views. It is also difficult to link micro-processes to macro-processes. Layder proposes an interaction between interactive behavior *and* structures and criticizes Glaser and Strauss, who, inspired by Blumer and the interactionism opposed the earlier structuralism. Freyne–Lindhagen (1997) underlines some of Layder's critical statements, but also defends the method, referring to the fact that Strauss and Corbin have noticed this criticism and developed the method accordingly. The structural factors are developed and the integration of parts and whole is emphasized by the use of the conditional matrix. It is possible to link local theories to formal theories but the links have to be grounded in data and it is actually nothing in the method impeding the use of structural and power related aspects if they appear as relevant.

Layder also brings up the subjectivist-objective issue, stating that there is a need for both. It is primarily the deductive strategy in GT that has been widely criticized. To look for data that fit into an emerging theory, is definitely a subjectivist approach according to a positivist view. Layder further argues that GT has avoided the epistemological discussion and that particularly Strauss & Corbin do not question the relation between the researcher and his data. Layder also finds GT too technical, pragmatic and recipe like.

Alvesson & Sköldberg (1994) object against GT because of its dependence on data, proposing that GT only render common sense knowledge and that the influence from the positivist paradigm has led to too much technical coding. They foresee a development of GT where there is a break in relation to data, in such a way that not only a substantive theory will appear but also a formal theory.

In summary, the strongest points of criticism are:

- GT is a *subjectivist method*. This criticism comes from the positivist paradigm and is the same as for all qualitative methods. Particularly the deductive strategy is criticized.
- GT is *neglecting formal theory*, and arriving at common sense knowledge. Theories are discovered and rediscovered.
- GT is a *time-consuming method*, with detailed prescriptive rules.

It is evident, however, that different researchers have interpreted the method and its restrictions in different ways. The present study is based on Strauss & Corbin's writings (1990) as well as Glaser's (1978; 1992) and Glaser & Strauss (1967). The way GT is used here is, however, my interpretation and description of the method based on earlier work by Guvå & Hylander (1998).

The use of grounded theory in this study

During the course of this study, Glaser's and Strauss and Corbin's writings have been read intermittently. Not until towards the end have I understood the depth in the difference between the two approaches. Learning GT along with the exploration of the phenomena has been a struggle. Constantly I have found myself sliding back into a positivistic and hypo-deductive view, wanting to describe the cases, without missing important aspects, forgetting that ideas and theory was my pursuit not description of a field.

Below, in the next few pages, several of the issues are discussed, that Glaser is addressing in *Basics of grounded theory analysis* (1992), comparing his approach to the approach of Strauss and Corbin (1990). The issues are discussed in terms of how they have been treated in this study.

Research-question versus research area.

Glaser states clearly that grounded theory starts with an interest in an *area* not with a designated question, while Corbin and Strauss claims the importance of asking the right research *question*.

In the present study the research area is sudden changes (originally labeled turning points) in the consultation process, followed by the questions. (a) Do they exist? (b) Can they be described? (c) Can they be explained? Glaser would possibly have recommended that the study started with a broader area letting the important questions emerge, either starting with consultation as an area of interest or starting with turning points as an area of interest. *In this study*, however, one could argue that turning points in consultation is an important question that has emerged during a long acquaintance with the area of consultation.

A set of hypothesis versus verified theory

Glaser (1992) states that the product of a grounded theory study is a set of hypotheses that is modifiable, but not need to be verified, validated or made more reliable. The only questions to put to data are which category or property does the incident indicate and which is the difference between categories. Strauss & Corbin (1990) emphasize the deductive process, asking new questions to data as the process proceeds, thereby stressing both the inductive and the deductive process. *In this study* new questions have been coming up to investigate data. However, no attempts have been made to validate the theory by letting some one else code data in order to arrive at the same result, as Strauss and Corbin suggest.

Conditional matrix versus code families

The conditional matrix proposed by Strauss & Corbin (1990), consist of (a) *causal condition*, (b) *phenomenon*, (c) *context*, (d) *intervening condition*, (e) *action/interaction* strategy and (f) *consequences*. This matrix is used to facilitate the analysis of categories and the whole theory. This is what Glaser most strongly objects to, claiming that it leads to forced conceptual sorting. Glaser proposes different kinds of code families instead, when searching for the *theoretical* codes. The code families should be understood as ways of alerting ones theoretical sensitivity, not as recipes to be used. It should be noted, however, that these code families are sociological code-families. Although some of those are applicable to psychology, there exist, many code-families with particular relevance to psychological research. *In this study* the conditional matrix was partially used at one stage in the process. However, it was not used, to integrate the *core process*, as that was not seen as meaningful but could have led to still more sorting, loosing focus on the important phenomena. Instead, different kinds of theoretical codes have been applied, some of which are the same as or similar to the code-families.

Labeling versus conceptualizing

Strauss & Corbin recommend starting coding by labeling each discrete incident (but they also se the possibility of labeling sentences or paragraphs). Glaser (1992) is of the opinion that this will end up in a helter-skelter of too many categories and states that the process should start with conceptualizing not sorting. *This study* started out following Strauss & Corbins recommendation of reading every single word and trying to find all the possible codes. This ended up in ten consequently prepared variations of coding lists, with as much as 150 codes. At this point it is not possible to say if this first sorting step was necessary or not. Using what I have learned from this study, when, preparing a new grounded theory study, I would, however, start looking for important phenomena much earlier in the process, particularly those indicating actions and processes. I would also use even premature conceptualizations, not being afraid of skipping data that did not seem relevant at a certain stage. If skipped data appear to be relevant it can be used in a later stage of the process.

Emergence versus conceptual density

After the core category has developed and its properties have been identified, those have to be related to all other categories, according to Corbin & Strauss. Glaser objects to this, writing that this is the way the core-category emerges. All categories are already related to the core category, that is how and why it emerges. Corbin & Strauss stress the importance of going back and filling in categories. *In this study* the emergence of the core category, and the identifying of its properties, shed a new light on all categories and their relations, so they could be described in a more elaborate way. If this elaboration is regarded as a part of the *selective coding* or as something coming afterwards, seems merely as a twist of words. However, there seems to be a difference in out look between the authors. Corbin and Strauss stress the importance of the density of the concepts and the density of the theory. For Glaser, once the theory has emerged it is there and needs no more grounding. The difference might be clear using a metaphor: Either the categories can be seen as the building blocks of the theory, or they can be seen as the scaffold, torn down when the building is erected. If categories are regarded as building blocks they all have to be strong, dense and elaborated in order for the building to stand, but if they are regarded as scaffolds, there is no need for them once the building is ready. In this study categories are regarded as building blocks. There are others that have been used as scaffolds and have been torn down along the way, but those are not presented. Some scaffolds have also been proven to be so stable and important, that they have been built in to the walls like a half-timbered house.

Thus, in this study the categories have been formed according to the Straussian view. On the other hand this study is close to the Glaserian pragmatic view, emphasizing the usability of the resulting theory, and strongly objecting to the Straussian view that a GT study can be duplicated, given the same prerequisites and premises.

Summary

The GT research method is used to enhance the rise of ideas, keeping as close as possible to what people under study are saying and doing, to yield a theory that is comprehensive, understandable and will work for the people in the substantive area investigated. The difference between regarding this theory as a set of hypothesis (the post-positivistic view) or as a constructed story (the constructivist view) comes mainly afterwards. Those who regard it as a set of hypotheses may want to try testing it against reality, those who regard it, as a constructed story will see it as a story that can be compared with other constructed stories. The Glaserian approach is that a grounded theory is immediately applicable, while Strauss and Corbin put less emphasis on the applicability of the theory.

Most important in this study, are the *pragmatic* roots and the *inductive* procedures of grounded theory, the use of ideas and thus the making of a theory that could be used. How the theory that emerges from this study actually is being used is up to the users. As a user I can have an opinion about the use of this theory. As a researcher I am satisfied with it being used either as a set of hypotheses or as a story, as long as it is not regarded as verified truth.

Focus groups as a method for collecting qualitative data

Background

There are a number of ways in which data can be collected in a GT study. One of the methods used in this study is focus groups. As this is a relatively new method to collect qualitative data, and one, which has not been much used in psychological research, it will be given a more extended presentation (Hylander, 1998).

The aim of the process is to collect qualitative data. The purpose is not to test hypothesis, but to explore a new field or give a deeper understanding of attitudes, feelings and thoughts, which are important for social strategies. Kreuger (1994) has developed the method focusing on the evaluation of attitudes and marketing. Morgan (1993) expands the field of application and describes different types of research projects within social sciences. He argues that focus group interview is one of many supplementing methods that can be used when studying complex behavior and motivation. The idea is that a group discussion renders more information than single interviews, as participants get inspired by each other, and thereby generate more authentic material (Morgan, 1993). Many authors propose the use of focus groups when a field is new and unexplored. Apparently the objectives for using focus groups coincide with many of those for using GT. Still there are just a few studies collecting data in a GT study using focus groups (Polkinghorne, 1994; West, 1996).

Merton and his colleagues (Merton, Fiske & Kendall, 1956, 1990) introduced the concept of focused interviews in the 1950's, addressing individual as well as group interviews. The focus in a focused interview is a common experience, for example a radio program. The researcher has analyzed the content of this and made an interview guide or a topic guide. The participants are encouraged to give as many concrete and specific answers as possible reflecting cognitive, affective and value aspects. The moderator is non-directive, using a Rogerian approach (ibid.). Originally a focus group consisted of 12 members, having something in common. The idea was that the participants would open up in a permitting group climate. Also Blumer (1969) inspired the use of focus groups by recommending researcher to gather people with knowledge and experience of the phenomena under study, instead of more traditional statistical sampling. Lazarsfeld (Morgan, 1997) used the method to study people's apprehension of radio programs. After that, the method dwelled (and developed) in the marketing fields, until it came back to university research through evaluation of health care, in the late 1980's (Kreuger, 1994; Morgan & Kreuger, 1993; Morgan, 1993; 1996; 1997). Since then it has exploded. Around 100 articles a year are published in scientific journals using focus groups to collect data.

According to Morgan a focus group is:

> A research technique that collects data through group interaction on a topic determined by he researcher. In essence it is the researcher's interest that provides the focus, whereas the data themselves come from group interaction (Morgan, 1997, p. 7).

Millward (1995) proposes the use of the method to explore social representations, e.g. ideas that emerge in interaction with others and that reflect identity and are the basis for action. She writes:

> Basically focus groups afford rich insight into the realities defined in a group context and in particular the dynamic effects of interaction on expressed beliefs, attitudes, opinions and feelings. (Millward, 1995 p. 276).

Focus groups can be used in all different stages in a research process, as the single method or as a complementary method. Focus groups can be said to be a method halfway in between *participating observations* and *open question interviews* (Morgan & Spanish, 1984). *Participating observations* yield more interactive and more varied behavior in an authentic environment, while focus groups yield much information during a short time. Attitudes and values are hard to study with participating observation but well fit to focus groups. *Individual interviews* compared to focus groups yield more information regarding the individual, but focus groups are preferred when there is a new area and when the material is unknown. Several researchers (Morgan, 1996; Folch-Lyon, Macorra & Schearer, 1981; Ward, 1991; Saint Germaine, Bassford & Montano, 1993) show that *questionnaires* and focus groups yield similar information, but questionnaires give answers to more questions while focus groups give a deeper understanding and a more comprehensive picture.

Focus groups have been used predominantly in sociology, health care and marketing to investigate new ideas, attitudes and needs for new products. Lately it has also been used in psychological research (Millward, 1995).

Focus group method

The moderator

The main objective for the moderator is to stimulate the participants to interact as vividly as possible. The moderator should not have any power influence over the participants. In some studies the researcher is also the moderator, in others there are specially trained moderators. (Kreuger, 1994; Morgan, 1993). Kreuger proposes a set of recommendations on how to set up the interview guide. (a) Opening questions, regarding common features in the group, (b) introductory questions around the issue without relating to the core questions, (c) transition questions introducing the core question and (d) concluding questions (all things considered). Knodel (1993) proposes however that the researcher should just briefly note the questions in the interview guide and only use them if necessary as the group may spontaneously bring them up.

The participants

The participants should be interested in the issue to be discussed, and have some common features in terms of age, gender, etc. The commonalties are the *control criteria*. *Break criteria* are those that differentiate one group from another. Break criteria are used when the researcher wants to compare two groups on a certain variable.

The recommendation is that the participants in a focus group should not know each other. Morgan & Kreuger (1993) state, however, that this is often impossible, but one should avoid using existing groups. Today, focus groups range from 3 to 15 people, typically 6-10. At least three focus groups need to be used to receive enough data for an analysis.

Advantages and disadvantages with focus groups

The method has become popular within marketing research because it gives data fast and to a low cost and is respectful to participants. There are however other reasons to use it in psychological research. The main reason for using focus groups in this study is that they give interactive data. They also yield *new* data that could not have been collected in another way. Data are constructed simultaneously as they are collected. Participants inspire each other. A statement make participants come to think of something that otherwise would have been forgotten. In the interaction, new ideas appear. "Could it be like this?" is a common statement when participants are reflecting and interpreting what other participants have said. In a focus group, ideas may take shape and change just the way ideas do in real life. In complex behavior people are not aware of their own actions. When other people talk about these actions, it is easier to verbalize experiences. Participants generally experience the focus group as pleasant and interesting.

The advantages are also the disadvantages. The group dynamic may impede the process instead of facilitate it. The group climate inhibits instead of opens up, or it may stimulate people to open up in a way that they disregard afterwards (Morgan, 1997). Participants may feel petrified instead of stimulated, feeling a pressure to conform. Irrelevant issues may come up and the participants may also arrive at a joint but false picture (Frey & Fontana, 1993).

Focus group interviews are generally audiotaped, and the tapes are transcribed verbatim. Data can be analyzed in any way that is compatible with the over all research approach. Millward (1995) states that quantitative, qualitative or structural approaches are all possible. Morgan (1997), however, puts up a warning for using quantitative methods as this might give the wrong impression that data has been collected by statistical sampling.

Chapter 6

DESIGN, SAMPLES AND ANALYSIS

Design

The steps in the research process will be presented thoroughly, as the use, description and development of grounded theory (GT) is such an integrated part of this study.

The purpose is to find patterns of related concepts, which are relevant to the phenomena of sudden changes in the consultation process, particularly turning points. This is accomplished by a constant comparison between *indicators*, *codes*, *categories* and new indicators. Through the coding of data important aspects of the phenomena are discovered. *Theoretical sampling*, *coding* and *analyzing*, are the three main components of the research strategy. They are interwoven and simultaneous. Even if the method will be described as a strategy in four steps, this is actually a false description, as the process is not linear but rather a matrix where the process is moving in several dimensions simultaneously (Guvå & Hylander, 1998). The process is like braiding, starting with one sample that is coded and analyzed, the analyses in turn lead up to new data collections, new codes or changing of the codes and new analyses. Coding gives ideas and defines the principles according to which data are sorted. The constant comparison is a process of testing those principles, and thus constantly changing them.

There are no preconceived categories in this study. *Turning point* is not given a specific definition from the beginning. It is used as a *sensitizing* (*dynamic*) concept (Starrin *et al.* 1991; Glaser, 1978), and during the course of the research, it is analyzed in all its variety.

As neither the samples, nor the categories are pre-fixed but are guided by the continuous analysis, it has not been possible to leave any part of the collection of data or the coding of the material to anyone else. Before presenting the steps in the research strategy, some of the concepts used will be described and explained.

Dynamic concepts

The term *dynamic concept* is used in this study, instead of sensitizing concept, indicating that concepts are constantly changing. Dynamic concepts differ from quantitative concepts. The concepts are alive, continuously including new aspects and observations. As new parts are included the totality is changed, and the totality is always something more than the parts. The names of the concepts are carefully chosen as they may give associations in more than one direction. Some names are taken from empirical data (*in vivo*), e.g. *magic turning*, *being stuck*, some are taken from the psychological discipline e. g, *approach, attention, autonomy* and some are taken from other areas e.g. *weathercock turning*. The concepts are developed in such a way that they easily connect to other concepts to make up patterns. At a certain point however, when writing the report, I had to "freeze" the concepts. The definitions at that point seem more similar to quantitative concepts, as they have to be described in a more precise way. However, this is, just a temporary point of freezing. The concepts have developed through a dynamic process and are supposed to continue to develop and change.

Indicators

An indicator is a word, an expression, a sentence or a paragraph, indicating a meaning that can be labeled. There is something in there that attracts the researcher. It is a starting point. In this study indicators are made up of incidents (something is happening) or statements (something is said, perceived or felt).

Codes and the coding process

Codes are labels put onto the indicators to generate concepts. Codes can be *substantive* that is arriving directly from data, e.g. "walking in mud", "he can never…." Or, codes can be *theoretical*, making links to other concepts in order to arrive at a pattern or hypotheses, e.g. "movements", "directions", "representations".

The coding process is a process of questioning data. What is this? What does it mean? What is happening? What code can I attach to it? To which category does it belong? How is it different from the other codes? Coding data is seen as an interpretative process (Guvå & Hylander, 1998).

As one code is assigned to a single word, a phrase or a paragraph there is a risk of fragmenting the interviews or observations by the coding process. The way to avoid this is by going back and forth between the coding list and the whole interview or the taped observation and also by coding the totality. For example, reported cases are coded in their totality as well as in fragments.

The technique of coding, described in GT research literature range from the old fashion way of writing down the codes in the margin of the observation sheet (Glaser, 1978) through the use of index cards (Rennie, Philips & Quartero, 1988) to the use of computer programs like NUD.IST and ATLAS. In this study the sorting function of the PC-word processor has been used. Every indicator, category and subcategory was given letters and numbers. Using the sorting function it was easy to reorganize the categories when new structures appeared. The sorting function also facilitated the process of discovering when a category was *saturated* (see below).

Constant comparison

By constant comparison is meant that every new code is compared to all other codes and categories of codes. The categories are *saturated* when data give no more information. To decide when a category is saturated is by necessity a subjective decision. (Hallberg, 1994). In this study the categories in the first and the second parts of the results are more fully saturated than in the third part. In the third part ideas about codes arrive to a greater extent from the emerging theory. Some of the categories coded in this way do still need some more grounding. Coding is the *inductive* part of the process, while the constant comparing is the *deductive* part of the process.

Memo

Memos consist of all the notes that are written down during the study before writing the manuscript. As soon as an idea appear it is written down. If it is written down it is not forgotten and it is possible to leave it for a while, not letting it interfere with the coding. Thus premature conclusions and theories are avoided. The first memos are short and closely connected to the codes. Later they become longer, more elaborated and more theoretical. Before writing the manuscript the memos are sorted and used as a rough draft for the manuscript. In this study writing memos was one aspect of GT that was not fully understood until rather late in the process. Writing more extensive memos at an earlier stage would most likely have speeded up the process of writing the manuscript, and arriving at a theory.

Story and story line

When a pattern has developed and the *core variable* or *core process* is on its way to emerge, writing down the *story* is a way to structure the emerging theory. The *story line* is the conceptual writing of the story (Strauss & Corbin, 1990). In this study the story was written several times as the theory developed, and helped in making the theory more comprehensive. Every time the story was being rewritten it became apparent what was missing and what was not fully understood.

Sample

Theoretical sampling

Data have been collected through a modified form of theoretical sampling (Glaser 1978; Rennie *et al.*, 1988; Strauss & Corbin, 1990). In theoretical sampling the analyses and the emerging theory guide where to look for new data. The first sample is taken from a field where the phenomenon will appear as distinct as possible. In later stages participants from other fields challenging the generalizability, are chosen. The researcher is not actually sampling individuals, but sampling *ideas* that can explain social processes and human phenomena. That is why traditional variables as age and gender is not of first priority, unless they prove to be so. In this study some data were collected before the actual need of it, as the research strategy at that point wasn't fully understood. Most data were collected during 1995-1997, while the analysis has been carried out from 1996 to 2000. The ways to solve this dilemma and to let the analysis guide the samples were: (a) To refrain from using some data. E.g. 75 inventories given to consultees and consultants before and after consultation sessions were not used in the creation of the model. (b) To avoid analyzing and coding data until proven to be useful. E.g. audio taped consultation sessions were collected two years before they were analyzed. (c) To collect new data when in need for it it. E.g. after the first focus group, the participants were asked to come back and bring reported cases with turning points. When more information from consultees was needed, data collected in an earlier study were reused and analyzed in a different way.

Data sources

The samples consisted of the following data sources:

1. Six focus groups (three groups meeting twice) with consultants.[1]
2. Six audio taped consultation cases.[2]
3. 12 interviews with consultants and consultees from the taped cases.[3]
4. Inventories with 102 consultees having had consultation.[4]

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[1] Referred to Focus group 1.1-3.2.

[2] Referred to Case A-F

[3] Referred to interview, consultant/consultee Case A-F

Focus group interviews with consultants

Three groups of consultants were interviewed twice. The second time they were asked to bring reports of authentic consultation cases with turning points, which resulted in 20, reported cases.[5]

1. The first focus group included five experienced consultants, working as psychologists in pre-school settings[6]. They knew each other and had experienced talking together about consultation but did not work in the same office.
2. The second focus group included seven consultants working with child day-care, schools and organizations. This group had volunteered to discuss *turning points* in consultation during a conference. The group was open to experienced consultants. Some of these consultants knew each other some did not.
3. The third focus group included five consultants working in pre-schools and schools. Some of these consultants knew each other some of them did not.

All participants except two are females. They are all experienced consultants, with a master's degree in psychology, training in consultation and at least 10 years of consultation practice. The majority had 20-25 years of experience as consultants.

In accordance with theoretical sampling one group was selected at a time. The first one was homogenous with respect to consultant tradition; the second one represented different traditions. Experiences from this later group showed that important aspects emerged that might not have emerged in a homogenous group. On the other hand, creating a theory that would make justice to all different traditions seemed impossible, particularly as it is difficult to find *several* consultants adhering to a specific tradition in Sweden, other than those within a consultee-centered-case consultation (CCC) model. Thus, at this point the decision was

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[4] Referred to inventory consultee 1a-42 b

[5] Referred to Case 1-20

[6] The Swedish term for Pre-school covers all types of early-childhood-education (nursery-schools, child-day-care centers, preschools and kindergartens). In the following *Pre-school* will be used as a general concept for organizations providing early-childhood-education and child care.

made to restrict the study to the CCC model, why the consultants in the third group are homogenous in respect to tradition, with experiences from child day- care, pre-schools and schools.

All interviews were transcribed verbatim and coded. One topic guide was used for the first set of focus groups another one for the second set (Appendix I).

Audio taped consultation sessions

Six experienced consultants were asked to choose one consultation case, audio taping all sessions. The six cases ranged from two to five sessions.

A. Three sessions. Three consultees. (Boy age 5)
B. Two sessions. Four consultees. (Boy age 5)
C. Four sessions. Three consultees. (Boy age 4)
D. Two sessions. Five consultees. (Boy age 5)
E. Three sessions. Three consultees. (Girl age 4)
F. Five sessions. Two consultees. (Girl age 3)

The tapes were listened to several times. All sessions of A, B and E. were transcribed and coded. Data from C, D and F were used in the selective sampling, and coded accordingly. The six consultants and the 20 consultees are all females. Consultees are either teachers with a degree in early childhood education, or care providers with one or two years of pre graduate training. They will all be referred to as teachers.

Interviews with consultants and consultees

In connection to the six audio taped cases, consultants and consultees were interviewed after the last consultation session. The interviewer was the researcher. The interview was a semi-structured interview, using a topic guide (Appendix II). The interviews took place over a period of half a year, why the content of the interview questions changed as new aspects emerged from data. The main purpose of the interview was to render more information about the consultant's and the consultees' apprehension of turning points in the specific consultation case. In three cases the consultants were interviewed first, in the other three the consultees were interviewed first. Care was taken, however, not to mix information between the interviews with the consultant and the consultees in the specific case. The consultees in each case were interviewed as a group.

Inventories with consultees

102 consultees answered a questionnaire after the last session in a consultation process (Appendix III). The study was carried out in 1992-1994 (Brodin & Hylander, 1995). The return rate was 98%. Response formats were both closed-ended and open-ended. In this study the open-ended responses have been used and coded in the GT research process.

Analysis, the process of discovery

Several researchers identify three different steps in the procedure, having qualitative differences in the methods of coding, sampling and analyzing (Hallberg, 1994; Wilson & Hutchinson; 1991; Strauss & Corbin, 1990). In this study four steps are used to describe the research process, as an extra differentiation is made between labeling/sorting and conceptualizing (Guvå & Hylander, 1998). These steps are illustrated in Table 1 through Table 4. Specific examples from this study are given in italics. A comparison with statistical methods is made for each step. This is not to say that grounded theory is just a way to sort qualitative data according to positivistic principles. There are, however, apparent similarities between the different types of analysis. As positivistic and statistic analysis are more familiar to many researchers, this comparison may be clarifying.

Step 1. From data to labeled indicators

The aim of this step is to sort data by labeling indicators, which are the forerunners to concepts. The sample is open, in order to render as many ideas as possible about the studied phenomena. The first step is illustrated in Table 6:1.

Table 6:1
Procedure in grounded theory step 1, from data to labeled indicators

OBJECTIVE	SAMPLE	CODING	COMPARATIVE ANALYSIS	PROCESS EQUIVALENT IN QUANTITATIVE METHODS
Labeled indicators	*Open theoretical sample* Data is collected, where the phenomena under study are explicit. Everything is of interest. *Three focus groups with consultants*	*Open coding* Indicators are labeled. Similar indicators are given the same codes. Codes are sorted in categories that are labeled. There are no pre-conceived categories. *List of codes, 150 codes in 9 categories*	*Sorting* Constant comparison between indicators and codes, regarding similarities and dissimilarities.	*Factor-analysis*

Are there turning points in consultation, and if so, can they be identified and described? This was the core issue of the topic guide (Appendix I) used in the first set of focus group interviews. The topic-guide also holds five examples of plausible turning points to activate the discussion. The participants, however, addressed all those examples except the first one without the moderator mentioning them. The analysis of the first interview was used in the following interviews, to gear follow up questions to issues that had not been sufficiently addressed. Focus groups turned out to be an enjoyable and fruitful experience for the consultants, not only a way for the researcher to collect data.

The first interview from the first set of focus groups was coded verbatim. (The first list of codes contained 61 codes in eight categories). These categories were merely descriptive codes and the categories were rather loosely fit to each other. This list of codes was then used, returning to the transcript of the first interview and re-coding it according to the code list. The second and third interviews were also coded by constant comparison. This first coding could be regarded as constructing a *list of codes*. At this point the list contained 150 different codes grouped into nine categories. These very preliminary categories were: *Prerequisites, type of turning, type of case, objectives of turning, the consultee's point of departure, causes, awareness, interaction between consultant and consultee, the consultant's interventions.*

The result of the first part is a conglomeration of codes in different categories, why this step is compared to factor analyses in quantitative research.

Step 2. From labeled indicators to concepts

The purpose of the second step is to arrive at concepts that are something more and something else than descriptive categories. This is accomplished by *saturating* categories through delineating their dimensions and properties. New data are collected or old data are used in such a way that the researcher can get answers responding the questions that arise from the coding and analyses.

The first set of interviews gave information about the existence of turning points and turnings and how they could be described but little information about explanations and context. Thus the consultants were asked to participate in a second focus group and to bring authentic descriptions of turnings in consultation. All participants agreed but 5 out of 17 never turned up for the second session, which was scheduled between two and four months after the first interview. The topic guide for the second interview was made up from the preliminary list of codes and from the questions that were raised in the first set of focus groups. The main issues for the second set of focus groups were the authentic descriptions of turnings and turning points and the explanations that the consultants ascribed to these turnings.

Table 6:2 summarizes the procedures in step 2.

Table 6:2
Procedure in grounded theory step 2, from labeled indicators to concepts

OBJECTIVE	SAMPLE	CODING	COMPARATIVE ANALYSIS	PROCESS EQUIVALENT IN QUANTITATIVE METHODS
Grounded concept	*Strategic sample* New data collected, or data used in a new way, directed by the emerging conceptual codes. *Second set of focus group interviews.*	*Conceptual coding* Categories are described by their sub-categories. Categories are given conceptual labels to become dynamic concepts *A coding list with categories and subcategories on 5 levels. Different kinds of turnings appear as concepts.*	*Conceptual Analysis.* The variances within the concepts are analyzed.	*Analysis of variance*

The first interview of the second set of focus groups was coded according to the list of codes, still using a very open coding, with small units of meaning, (words and phrases). New codes appeared. All interviews were coded again according to the new list. This time longer transcripts for each code were used, usually 2-4 lines and no single words. Labels were changed to find more creative names describing the categories and at the same time giving the touch of the concepts. Many of the categories, however, were not turned into concepts until the axial coding described in the next step had been completed. Several categories were also collapsed or eliminated at a later stage. Reading the coding list, however, it now made more sense. The list contained categories and sub categories on five levels. For example: I Prerequisites II Description of turnings III Continuous turnings IV False turnings V No turnings.

The questions in the analysis of step 2 are: How does it vary? What are the different dimensions and properties of the categories? That is why this step has been compared to analysis of variance.

Step 3. From concepts to search for patterns

The purpose of the third step is to find a pattern in the variances by relating concepts to each other. Concepts are related to each other by *axial* coding or by the use of *theoretical* codes. Corbin & Strauss (1990) propose the use of a coding paradigm at this stage, including *conditions, phenomenon, action/interaction strategies and consequences*, while Glaser (1978) proposes the use of different *code-families*, to give ideas about possible theoretical codes. In this study the real break through came with finding the theoretical codes. Up to this point the material had seemed vast and endless. The theoretical codes helped me to organize the categories to find interesting patterns.

The *cases* described in the second interview were now used as a new database. Every case was transcribed, as it was told in the focus group by the consultant, leaving out the comments from other participants. In this way the wholeness of the consultation process was kept. All cases were rewritten in a brief and conceptual form, using the codes from the code-list, to see if patterns arose when the cases were compared to each other.

A need for new data became apparent as the theoretical codes were discovered. Information from consultees was found in an earlier study. The verbal answers to three open questions on the consultees' experience of consultation were coded with the coding list. Some new categories appeared. It was, however, surprisingly easy to fit the categories already discovered.

There was also a lack of data giving information about the processes. Thus the interviews made after the taped consultations, were transcribed and coded. Also three of the taped consultation cases were transcribed and coded.

The list of codes was constantly reconstructed. After approximately the sixth version, a major change in the list of codes was made by using a variation of the coding paradigm (Strauss &

Corbin, 1990), or the six C's (Glaser, 1978). The following main questions were asked about turnings/turning points (a) When is it turning? (b) What is turning? (c) How is it turning? (d) Why is it turning? (e) What are the prerequisites for a turning? The answers to these questions guided the reorganizing of the categories and pointed to the most important categories. Charts and figures were drawn, trying to illustrate the process by placing the categories in different positions in relation to each other. From this point, the charts and figures became as important as the coding lists.
Table 6:3, summarizes the process in step 3.

Table 6:3
Procedure in grounded theory step 3. The search for pattern

OBJECTIVE	SAMPLE	CODING	COMPARATIVE ANALYSIS	PROCESS EQUIVALENT IN QUANTITATIVE METHODS
3. *Pattern*	*Variational/ relational Sample.* Sample to increase the variation and ground the relation between concepts. *Inventories with consultees.* *Cases.* *Taped consultation sessions*	*Theoretical coding* Concepts analyzed in relation to subcategories and other concepts *Representations*	*Pattern analysis* Different strategies to relate concepts and their sub-categories to each other. Code-families. Conditional matrix. Diagram. *Conceptualizing Case-stories.* *Cross tabulation*	*Correlation* and Analysis of regression

Theoretical coding or axial coding is performed in a number of different ways in this study. Some analyses have merely been testing of ideas, many of which did not earn a place in the pattern and were thus neglected. Other analyses turned out to be prerequisites for the emerging theory and will be presented in the results. An interesting example of a theoretical code, which appeared, as a result of asking the question "What is turning?" is *representation of the interaction to the client*. When this was discovered it could be attached to four of the preliminary categories (*Prerequisites, type of case, objectives of turning and the consultee's point of departure*) and these in turn could be understood in a new and theoretical way. It could also be linked to other concepts in a new way.

By cross-tabulating important categories, "correlations" between variables were found. Thus, this step is compared to correlation and regression analysis.

Step 4. Arriving at a theory

The purpose of the fourth step is to arrive at a theory. At this point the *core variable* or the *core process* should emerge. The core process appears frequently in data and it takes time to saturate. All the other concepts should easily be related to it. It explains most of the variances in data and has clear implications for formal theory.

Several consecutive stories and story lines were written, trying to find the core process. Patterns had emerged, and revealed 29 main categories, while Glaser (1978) recommends not more than nine. At this stage there were three different types of main categories of turnings, *turnings, turning points and shifts*. One possibility would have been to focus on one type of turnings. However, I decided to go on with all three types of turnings but make three different parts or stories, each focusing on one type of turning. Looking at the patterns in this way it was relatively easy to find one core process for each type of turning. The core processes were just slightly different in the different parts of the story. Those will be thoroughly presented in the part of the results.

All data were now used to fill in categories and to give examples of the variances of the core process. All taped cases were used, particularly those, that had not been transcribed. This step can be compared to testing hypotheses although hypotheses and concepts in GT always are tentative and may be changed when data is giving new information.

Table 6:4 summarizes the procedure of step 4.

Table 6:4
Procedure in grounded theory step 4. The emerging of a theory

OBJECTIVE	SAMPLE	CODING	COMPARATIVE ANALYSIS	PROCESS EQUIVALENT IN QUANTITATIVE METHODS
4.Theoretical model	*Selective sampling* Sampling to ground the core process by filling in categories and including hypothesis into the theory. *Taped cases*	*Selective coding* Description of the core process in a story or a story line. *Three different stories with three slightly different core processes*	*Integration* All concepts are linked to the core process.	*Testing hypothesis*

Presentation of the process and the results

The ambition in this study is to follow the exploration and the discovery process. The concepts are first described, then the relations between the concepts and finally the emerging theory. Having said this, however, the notion should be made that this is in fact impossible. When the selective coding is completed, the analysis sheds new light on all the concepts involved, and they are in turn presented in the light of the new understanding.

In order to differentiate *descriptive* writing (reporting what the informants did and said) from *conceptual* writing (concepts, pattern and theory), I have followed an advice from Starrin (1995), to write conceptually in present tense and descriptively in past tense. My choice to use singular (*consultant* and *consultee)* in the conceptual parts and plural (*consultants* and *consultees)* in the descriptive parts underlines this. The presentation of concepts and theory starts with a theoretical description, followed by examples. Summaries are used when found appropriate, even though that is not common in grounded theory reports, (Glaser, 1978).

Ethical considerations

All informants have been informed about the purpose of the study and have agreed to participate in the study. All data are treated with confidentiality. The participating consultants have had the possibility to check the manuscript to avoid the recognition of any specific person, may it be a consultant, consultee or client.

PART III

INTRODUCTION TO THE RESULTS

Part III consists of chapter seven and introduces the results by addressing the crucial question: What is subject to change in a consultation process?

Chapter 7

CHANGE IN PRESENTATIONS AND REPRESENTATIONS

Change in consultation

Dimensions of change

Early in the study, through the interviews in the focus groups, several general issues regarding the quality of change appeared in response to the question of the existence of turning points. Turnings, turning points and change were used interchangeably by the participants. The different kinds of turnings and turning points were not delineated until much later. Change is seen as a more general term and is thus used in this introductory chapter, although turnings and turning points are the focus of the study. These general questions about the quality of change are presented briefly in this introduction, delineating what will be attended to in the study. The outline of the three different parts of the study is also introduced.

In this introduction turning points will be discussed in relation to the concept of change, regarding the dimensions of *(a) continuity/discontinuity (b) the direction and stability of change (c) the content of change (d) the place of change and (e) the time of change.*

Continuity/discontinuity

Either process can be described as continuous, leading to a change, but lacking a specific point or event as crucial for the change, or process can be described as discontinuous - there is a sudden leap, an abrupt change of direction. The focus of the present study is on processes with sudden changes. If there actually exist two qualitative different processes, continues and discontinuous, or if the difference lies in the eyes of the observer, to that question there is no answer, and no attempt to answer. As one consultant expressed it:

> Turning points make one think of points but we also had process in our minds. Process is a line, but a line is made up of points. (Consultant 7. Focus group 2:1)

Direction and stability of change

A turning may be a turning in a positive or negative direction? Turning points can be to the better or to the worse. Not until afterwards is it possible to know if a turning is firmly established or again reversed, as it is not possible to know until afterwards if a turning point is the start of a turning or merely a jerk of the moment. Finally there are processes, where it is impossible to identify development in any particular direction. These questions will be dealt with in the first part of this study. Negative turnings are not explored in this study (except as part of reversible turnings.)

Content of change

One of the first questions that arose, in the interviews with the consultants concerned the *content of change: What* is turned? The behavior, the affects, the thoughts or the context? For whom is it turning? For the client, the consultee, the consultant or someone else? Who is identifying the turning? These basic questions are explored in this chapter.

Place of change

Where is a turning actually taking place? Is it something that happens within the consultation session, in the interaction with the consultant, or does it happen afterwards in the mind of the consultee? Is it something that happens in the interaction between the child and the client, or must it occur in all these situations?

Closely related to the question of where the turning takes place is the question of what is regarded as the cause of the turning. Are the causes regarded as something found outside the consultation session or within? Are there causes related to the consultant, the consultee, the client or the relation between them?

One consultant expressed it like this:

> I think it is hard to know if a turning appears in the consultation session or afterwards. Teachers are mentally prepared during the session, and they will perceive reality in another way, and then afterwards you look back to see what was the turning. As consultant you can have fantasies that this is a turning, but perhaps it is not. Or you believe that nothing has happened, and then it has. (Consultant 3. Focus group 1:1)

The questions above will be explored in the three different parts of the study. Changes, related to the interaction between the consultee and the client, are dealt with in the first part, and changes related to the interaction between the consultee and the consultant in the second and third parts.

Time of change

When is the change taking place? Is it at the end of the process, as the result, or is it a specific incident during the process? Is there just one turning point in one consultation, or is it possible to identify several turning points? When is it possible to identify a change - at the end of a process or during the process? This question of time of change appeared to be crucial in identifying the different kinds of changes attended to in this study.

Three types of sudden changes

The phenomena that consultants were describing and identifying as turning points appeared to be quite different kinds of changes. They were identified as *turnings*, *turning points* and *shifts* in the consultation process. *Turnings* are presented in the first part, *turning* points in the second part and *shifts* in the third part of the study.

1. TURNINGS

In the first part, chapter 8-10, *the outcome of the consultation process* will be explored in relation to the input i.e. the *presentations* and *representations* of the problem. When there is a *turning* the presented problem is solved, it can be handled or it is not regarded as a problem anymore. A turning is thus the ending, the result of the process and explains *what* has happened in the representation of the *interaction between the consultee and the client*.

The *core process* is the turning of the consultee's representation (of the interaction between the consultee and the client) seen as moving from being stuck to relating and changing direction between approach and moving away.

2. THE TURNING POINT AND THE INTERACTION MODES

The change explored in the second part, chapter 11-13 will be the *ultimate turning point*, which is *when* the turning of the representation takes place. That is when the consultant or the consultee says, "that's when it happened" that is the incident that resulted in a turning. In this part, the *interaction between the consultant and the consultee* will be explored.

The *core process* is the consultants' oscillation between approach and moving away from the consultee's representation and presentation.

3. SUDDEN SHIFTS AND BLIND ALLEYS

In the third part, chapter 12-14 sudden changes of qualitative nature in the process are explored. These *shifts* are changes in affective arousal, moving from one mode of interaction to another mode of interaction. In this part the *movement of the consultation process from being stuck to starting to move again* will be explored.

The *core process* is the shift from being stuck to moving freely in the interaction between the consultee's and the consultant's presentations and representations.

Presentations and representations

Any consultation theory has to address how a change in the interaction between the consultant and the consultee can lead to a change in the interaction between the consultee and the client. As mentioned before (chapter 2) there are few if any studies that are really focusing on changes in consultant, consultee and client in the same study and in the same cases.

In this study change is reported by consultants, by consultees and studied in the interaction between consultants and consultees. Changes in consultees' behavior that affect the client and changes in the client are studied through the reports of the consultees.

What is supposed to be changed? A common answer would be "the behavior of the child" but consultants see it differently. When teachers perceive a child in a new way, then something has changed. The consultants' mission is to help the consultee to help the child. The mission of the teachers is, however, not to "cure" children but to relate to them in a different way. The consultant does not know what actually has happened to the child, as expressed by one consultant:

> We don't know what the child's reality is like. What, we as consultants perceive is how the staff can handle the situation. Usually teachers say that they view the child in a different way, but if the child has changed or the attitude of the teachers we don't know. (Consultant 12. Focus group 2:1)

What can be explored in this study is the interaction between the consultant and the consultee, the consultee's *presentation of the problem* and the change in this presentation. It is also possible to study the consultees' reports of change in their own *inner representation of the problem*, and the consultants' apprehension of these changes. If there is a change in the client's behavior we will only know from the consultees' story. Consultees present problems in terms of a problematic child, a problematic family and/or a problematic relation between themselves and the child. Also when they present the problem as a problematic child, what they actually present are their own images of the child. Thus their presentation will say something about their relation to the child, how they perceive the child.

A consultant is not in power of changing a child's behavior. The only thing the consultant can do is to facilitate the change of the consultee's presentation and representation of the problem. If, as suggested, the inner representation of the child implies a relation between the child and the consultee, that means that the relation towards the child is altered, when the inner representation of the problem is altered. From this it does not by self-evidence follow that the consultee's overt behavior change because of the change in her inner representation. The outlook, the apprehension of the child is however different and it is a reasonable hypothesis that this is a change that affects the child.

Inner representation as an image

When the consultants and the consultees described what was subject to change in consultation, they typically used words with visual connotations, like *picture, see, portray*.

The consultants have said that the consultees have an image in their head, like a picture. Consultants and consultees work together with these pictures and share them with each other. When a change has occurred the consultees may typically say that they regard the child from a different point of view, sometimes being very specific about the change, like in the excerpt below:

> When I see the consultees for the last time they portrayed the boy very differently, they said that he is not like an old man anymore he is a child. (Consultant 5. Focus group 1:2)

The consultees have said that they saw the problem in a different way, from a different angel. One consultee said:

> We could see his behavior from a different angel, not just like naughtiness, and mischief. (Consultee 4c. Inventory)

Which are the components of the consultee's inner representations of a problematic child? Inner representations can be compared to attitudes, in the sense that they have a *cognitive component*, an *affective (feeling) component* and an *action tendency component* (Krech, Crutchfield & Ballachey 1962).

The cognitive component

Cognitive components, according to Krech & Crutchfield, (1962), consist of the beliefs of the individual about the object. In this case the object is the client, the family or the relation to the client. The consultants and the consultees have used cognitive words like: *think, sort out, structure, awareness, cognitive framing and re-framing* when they have described turnings and turning points. One consultant said:

> I think that many of my cases have been like this; I have brought up many *different thoughts* about how to see the problem. With a variety of ideas of what to do about the problem, the consultees believe that they can co something about it. (Consultant 3. Focus group 1:1)

The consultees have said that they did think more about the problem, that they got help to structure the problem and got more knowledge and awareness. One consultee wrote:

> All the sessions gave me new *things to think of*. (Consultee 4d. Inventory)

The affective or feeling component

The *feeling component* refers to the emotions connected with the object. Kretch *et al.* (1962) use the concept *affect* to describe this phenomenon, in this case the feelings which are aroused by the representation of the problem and/or when the problem is presented. The consultants and the consultees talked about *feelings and emotions*.

The consultants said that there might be a turning even if the symptoms of the child are not gone, but the feelings for her are different. The turning is when someone gets touched. One consultant said:

> The turning point was when we came right into the emotions. (Consultant 9. Focus group 1:2)

The consultees have said that they can unload their aggression and irritation, and then they can handle the situation differently. One consultee expressed it this way:

> It's good and relieving to throw out all bad feelings we have in regard to these children. Then we turn nicer and wiser. (Consultee 3a. Inventory)

Action tendency

Action tendency includes all the behavioral readiness associated with the attitude (Kretch *et al.*, 1962). This is the consultee's readiness to act in regard to the representation of the problem. The consultants and the consultees have expressed action tendency with words like *drive, handle, work, relate.*

The consultants have said that it is a turning in the consultees' drive to work. They have been exhausted, then there is a turning and they want to discuss how to handle the problem, how they can work. One consultant expressed it in the following way:

> It has to do with *professional methods*. It doesn't have to be in a certain way. But it has to be something the consultees accept and that they realize *how they should do* to focus on the child. (Consultant 15. Focus group 3:1)

The consultees said that they were getting new ways of handling the problems, discovering for example how to relate to a child. If the same problems appear again, they felt prepared to try in the same way, and handle similar problems in the future. The readiness to try is illustrated below by a consultee:

> I have got many different ways of working illustrated, tried different ways until there was a result, new perspectives and new ways of relating. (Consultee 6a. Inventory).

Interaction between cognition, feelings and action tendencies

These three components of *cognition*, *feelings* and *action tendencies* are seldom presented in isolation, or put to a change in isolation. Rather, the consultants have seen the interactions between these components as the objective of change. They have regarded the *motivation to act as a result of the discharge of negative feelings*. When discharging there is a *verbalizing of affects*. Cognition and affects are linked together giving birth to new ways of thinking and a wish to act, and try new ways. Distress closes people's senses in such a way that they don't want to think or act in new ways, as expressed by one consultant:

> Moving from those negative feelings over to a process of thinking, I think it is good when it comes to be more motivated to work. (Consultant 3. Focus group 1:1)

The consultees have mentioned all three components, feelings, cognitions and action orientation, in the same sentence when they described how a change had taken place, as in the excerpt below:

> When we are in a *stressful* situation and *feel* more and more that this can't go on, it is valuable to be able to *discharge* in order to get to the *problem* ourselves. We have had help to come to *practical solutions* that we can *carry out*. (Consultee 29a. Inventory)

The expectation of change and the definition of the problem

There is an *agreement between the consultant and the consultee* about what is expected to change, even if it is not always spelled out. This highlights the fact that the outcome of a process is closely tied to the contract between the parties. The consultants' representation of how the problem can be solved is an important part of the interaction between the consultant and the consultee. This opens up for conscious or unconscious steering from the consultant, when and if the consultee is made to believe that a turning is going to take place. If, however, the turning of the problem is *not* related to a joint definition of the problem, it is difficult to see how a change could be identified.

Caplan originally (Caplan, 1970; Caplan & Caplan, 1993) designed his consultation model as "a part of a community program for the promotion of mental health and for the prevention treatment and rehabilitation of mental disorders" (Caplan & Caplan p. 8). In this study the consultants seem to limit their responsibility to the problem that is presented to them, as is illustrated by the citation below:

> Our task is to help the staff. When they perceive it differently, then something has happened. Their commission can hardly be to cure a psychotic child. But they (the staff) got some help to bear it The child may have been able to function during those present conditions, the problem was thus solved from the perspective of the staff. But the deficits were such that she couldn't manage without support later in life. (Consultant 12. Focus group 3:1)

Making the turning of the problem dependent on a shared definition of the problem also implies, however, that the consultant has the possibility, to influence the definition in a way that will facilitate the turning of the problem. The consultant may also influence the consultee to believe that a turning is going to take place. Often there is one definition of the problem from the beginning and a second one later on. Thus, one has to ask which problem is supposed to change; the first presented one, or the second that appears after a joint reflection. In the example below there is a turning in the case as the consultants and the consultees apprehend it, but it is not a change in the first presented problem.

> Suddenly the teachers saw how important they were for the girl's well being. That had consequences for their relation to the girl. But that was not the way *they* defined their problem. I had been focusing on what they first defined as their problem, i.e. her mother. But they changed their goal. Wanting her mother to have her stay home more was not a problem anymore. (Consultant 1. Focus group 1:2)

The consultees in the case presented above, had at first, a problem that was not possible to solve, as they were not in charge of changing the mothers behavior. After some reflection, however, this was not a problem any longer; the problem was instead how they could relate to the girl. This was a problem that could be solved. This is in line with research saying that a problem is solved in consultation once the problem is found (Pryzwansky, 1989).

If the change is predominantly related to only one of the components of cognition, affect and action orientation, is that a change? What happens if, for example, it is just an action orientation that has changed? One consultant reflected:

> If they just have taken what I said, and followed the advice is that a change? Nothing happened inside the consultees. (Consultant 5. Focus group 1:1)

The quote above reflects a human science perspective and a non-prescriptive model of consultation. From a natural science perspective one would on the contrary say that if a consultee follows the recommendations of the consultant then the consultation is successful, (c.f. chapter 2).

In this study, it is not possible to separate the different categories of difficulties in handling client problems, (*lack of skill, lack of competence, lack of confidence or lack of subjectivity)* as was discussed in chapter 2. They are generally present in the same cases but in different degrees. Also, representations of client problem differ among the members of the consultation group and lack of confidence, skill and understanding varies among group members. The difference between experienced teacher and neophytes can illustrate the interplay between *lack of skill, lack of understanding, lack of objectivity* and *lack of confidence.* According to the consultants, skilled teachers are less easily aroused and their perception is less distorted, even with difficult children. When problems have turned they understand better why. They can regain their proficiency easier, if they are emotionally upset and for the moment have lost it. For less experienced and less competent teachers it takes more time to find ways of handling the problem and as a consequence the consultants remain with these cases for a longer period of time.

The consultees also have expressed that regaining a more accurate picture of the client (change in lack of objectivity) is not the single outcome of consultation. Learning is also an important result, regarding consultation as education. The consultees are well aware of the objective of learning as expressed by a teacher in this excerpt:

> To share knowledge is essential in this profession. You can never know enough when it comes to relation! (Consultee 4b. Inventory)

Awareness of change

In this study, the consultants are familiar with the concept of theme interference and theme interference reduction (Caplan, 1970). It was however, not frequently mentioned as a source of turnings. On the other hand the indirect methods proposed for the reduction of theme interference were frequently mentioned as methods that helped the case to turn. Particularly is that true regarding the use of *verbal focus on the client* and *non-verbal communication*. The consultants believed that focusing on the child instead of the teachers makes the teachers relieved as they always have some feelings of failure when they don't understand a child.

In the excerpt below a consultant gives an account for her non-verbal behavior.

> This is a session where I feel awful, everything is a mess, but I figure that I should continue. I had not given any advises, and I guess I shouldn't have, and I had no idea what it was all about. In the end I said, let's make a new appointment. One of them said that it was good to be able to talk this long. This child must have this time. We had taken our time. They were rather upset when they came and I am rather slow by nature, so I contributed by slowing down. (Consultant 15. Focus group 3:1)

The consultant, in this last example, by her pace helped the consultees to slow down and focus on the boy. The example highlights the question of intentional/non-intentional interventions by consultants. The consultant felt the agony of the consultees, but was not aware of how her non-verbal behavior was appreciated by the consultees.

Summary

What kind of a difficulty is present in the presentation of the problem? This is a question, which appears to be basic in the consultation literature. In this study lack of objectivity is seen as a natural, everyday phenomenon expressed in the *presentations* and *representations* of the problem. The representations are considered inner conceptualizations with components of affect, cognition and action orientation. These representations are by definition subjective. The presentations include all overt behavior verbal and non-verbal, which are taking place during the consultation sessions and which can be referred to the problem in question. Saying that representations are subjective, does not imply that different people looking at the problem or the child in question would not arrive at very similar representations. Neither does it imply that nothing is the matter with the child. It just says that the single objectives to be changed through the consultation process are constructions, the overt presentations and the inner representations, and they are subjective. Following these changes there might be changes affecting the client in such a way that his or her inner representations and/or behavior also are changed.

PART IV

RESULTS: TURNINGS

Part IV consists of chapter eight to ten. The purpose of this part is to present and explore how the consultee's *presentations* and *representations* of her relation to the client are turned, giving opportunity for new perspectives and new ways of handling the difficulties. Thus, the focus in this part is on the *relation between the consultee* (teacher) *and the client* (child), *as presented* during the course of the consultation. The different kinds of difficulties in the interaction between teachers and children will be related to different kinds of *turnings*. Chapter eight presents the different kinds of turnings, identified rather early in the research process. The concepts presented are mainly the result of *conceptual coding*. Chapter nine describes the content of these turnings, i.e. *what* has changed. How are teachers' original representation of problems presented and what kind of change has occurred in that representation? This pattern has emerged through theoretical coding. Finally, chapter ten illustrates the turnings by case processes. The different kinds of turnings will be analyzed in relation to the original representation of the problem and a model of turning will be proposed, that has emerged through selective coding.

Chapter 8

TYPES OF TURNINGS

A turning is the outcome of a consultation process when the original problem has been solved or can be handled. The idea is that through the consultation process the presentation and representation of the problem has changed in such a way that the consultee relate differently towards her client. Five different kinds of turnings are identified, (a) *distinct turning, (b)"magic" turning, (c) weathercock turning, (d) false turning and (e) continuous turning*.

Although this chapter is mainly based on conceptual coding, the *theoretical code* of *awareness*, being aware of ones own role in the interaction/not being aware of ones own role, is used to clarify the differences between the turnings.

Distinct turning

Distinct turning is the common example that the consultants have given, when asked to describe a case with a turning point. The consultee has reported that the problem, which was the object for consultation, is dissolved or can be handled *and* the consultant understands that a change in the consultee's relation to her client has taken place. It is usually reported as a change in client but it can also be reported as a change in the consultee's work motivation, perception, and pattern of thought or emotion. The presentation as well as the representation of the case is changed. The consultee has discovered new perspectives, which make her able to handle the case differently. The consultant concludes that it is a change and not a flight. A flight is recognized by the consultee's hesitation to examine the case anymore. If it is a turning the consultee is still eager to discuss the case.

The consultees expressed the turning by saying that it is calmer, even if the client still may have some problem, they know how to handle it. Or the problem has been solved. Teachers have got new perspectives, are more motivated to work and they know how to relate to the child. They say that a turning has taken place, everything is different and the child has changed or developed. A distinct turning is described in the excerpt below. Conflicts have diminished. The child doesn't fight any more. He is being close to adults. Below one consultant gives an example of how the consultees described a distinct turning:

> The consultees say that it has turned, that the boy now is playing and they describe lots of positive incidents. When the boy started to change, the teachers changed too. They had started to tell him sharply when he was bullying the other children, giving him clear answers and firm limits, and this was good for him. It was like a positive spiral-movement. (Case 18)

Out of the 20 cases, reported from consultants, asked to bring cases with a turning point, 15 cases contain a distinct turning. Out of the six taped consultations there are three distinct turnings identified. Distinct turnings usually occur early in the consultation process, between the first and the second or the second and the third session.

"Magic" turning

"It seems like magic", the consultee typically reports, when the behavior of the client has changed dramatically, from one consultation session to the next, or from one day to another. The turning usually takes place when the consultee first meets the client. Immediately after the consultation session the turning is presented to the consultant in such a way that she also is convinced that there has been a change. The consultee is, however, *not aware* of what has happened or what she has done, and she might ascribe the change to factors outside the control of the consultees ("the family has moved" or "it's spring") or to the consultant.

The consultants have given examples of teachers calling the consultant to cancel the next session, as everything had turned. Teachers might be a little abashed. How come? Could it be that easy? They may not even want to reflect over what has happened but instead put it onto the consultant: "next time we'll call you again". More experienced teachers may reluctantly, when asked, admit that it must have to do with them somehow, without knowing what.

The consultants were usually quite startled by the quick change. They explained the "magic" turning by saying that there was actually something happening in the first session, which changed the ways in which the consultees perceived the child. Encountering the child afterwards, the teachers interacted from this new perception, which in turn influenced the way the child acted.

The pattern emerging, from these examples is that of "magic" turnings being associated with cases with very special symptoms, like mutistic, defecating, not waking up. The teachers are also very involved in the case. In the excerpt below there is "magic" turning. A little girl who never has been talking in the day care center, suddenly starts to talk:

> The consultant regards this as a serious case of selective mutism. The girl doesn't talk, though she knows how. She has been in the day care center for two years. She is still very dependent to the teacher who introduced her. Several weeks before the next session the staff calls to tell the consultant that she does not need to come because now the girl talks all the time. The teachers thought it was so weird that she started to talk the same day the consultant had been there. "It is like magic", they say. They can't see what they have done themselves. The consultant is startled by the quick change, which she could not predict. (Case 1)

Another consultant gives an example of a little boy who had been very withdrawn not taking any contact with the teachers, but who suddenly did so:

> This boy, around 4 years of age, was described as very disturbed by the consultees. He never took any initiative. The second consultation session, the consultees told me (the consultant): "When we came out from the last consultation session meeting this boy, he came up to one

> of us and asked her to help him with his bike up the hill". It was the first time this boy had asked for something. I (the consultant) was startled like the consultees. They were laughing, saying: "It is enough for you to come out here. Your visit doesn't have to be so long". Little magic like that. (Consultant 8. Focus group 2:1)

The consultant in the example above concluded that through the consultation process the consultees had been getting a greater distance to the boy, which helped them to be more present in relation to him.

Turnings occurring before the consultation session sometimes have the same kind of characteristics as "magic" turnings. The consultants have reported that even at the first meetings consultees say that everything had become much better ever since they called to ask for an appointment. It is like they have handed over the problem to the consultant, and are then able to work with the child.

Out of the 20 cases, reported from consultants, asked to bring cases with a turning point, four cases were identified as "magic" turnings. Out of the six taped consultation cases there were no "magic" turning. An assumption is, that these are the dramatic changes that consultants first come to think talking about turnings and turning points even though they are not at all as common as the distinct turnings.

Weathercock turning

Weathercock turnings are reversible turnings. They appear to be distinct turnings but turn back again. They are like weathercocks, when the next wind blows they change direction again. One consultant gave an example where new children were taken up for discussion every time. The problems with one child turned, but popped up after a couple of months again. This kind of a turning makes consultants reflect over how, and when to end a consultation, as one consultant expressed it:

> Perhaps it is important not to end the consultation process too soon. Even when one feels that it is fine, perhaps meet once more try a little and test alternative situations to see if it is stable. (Consultant 6. Focus group 2:1)

Like "magic" turnings, the consultee is *not aware* of why it has turned. She may give credit to the weather, or to the consultant. The original presented problem is, however, not the same kind of specific problem as in "magic" turning, and the teachers are not involved in the same way. One consultation put to an end because of organizational interference is illustrated in the example below. The consultant as well as the consultees believed that a turning had taken place, when the consultation is put to an end. In the interview afterwards, however, it appeared that it had been a reversible turning. Below are excerpts from the second and the third consultation session and from the interview afterwards. The consultees said:

> *Excerpt from the beginning of second session:*
> Ce 1: We got so surprised one day, Suddenly she knew a lot of things. We have been talking about ...perhaps she can't hear very well...
> Ce 2: We really think that she has made progress.
> (Tape Case E)
> *Excerpt from the beginning of the third session:*
> Ce 1: There has been a change but still there is something that is not right. She uses language, but she can't communicate what she wants. She doesn't say very much. She uses only very few words
> (Tape. Case E.)
> *Excerpt from the interview afterwards:*
> It is about the same. First we were very happy when she said something, then it disappeared and we didn't understand anything. We have talked about it believing that she is under stimulated seriously, under stimulated by her mother...her communication with her mother, her mother uses the same kind of sounds as she does.
> (Consultees. Case E. Interview)

A reversible turning may take place, when the time period between sessions has been too long. One consultant have given an example of a girl who was being very intrusive, but the second time the consultant met with the consultees they described the girl as a real character. The consultees were positive and believed that she had calmed down. The next session seven weeks later everything had become worse again. The girl was either avoiding people or being very intrusive. The session after, however, a turning had been taken place. In another example a long break between the third and the fourth session, preceded a reversed turning for a day care provider worried about a girl who didn't talk in the day care providers home. Below is an excerpt from the case:

> *In the second session* the care provider tells the consultant that the girl doesn't talk, but she is more easygoing. *In the third session*, the care provider says that the girl has used the name of the care provider. The girl also uses non-verbal language. At this point the consultant is satisfied and believes that a turning has taken place. *Seven weeks later in the fourth session*, the care provider now says that it is much worse. The girl doesn't talk at all and she doesn't even smile. *In the fifth session*, the care provider says that it is better. It has been ups and downs. *Shortly after the fifth session*: the care provider on the telephone, to change the next appointment, reports that everything is fine now (case 20).

If one of the consultees is not participating in one session, the consultant may be fooled to believe that the case has turned, but the turning has not involved all the consultees. This looks like a weathercock turning but is actually no turning at all. It highlights the fact that it is not possible to know until the case is ended how to identify the turning. As all analysis in this study are made on cases that are reported as turnings or turning points, the weathercock turnings would never have been discovered hadn't it been a distinct turning in the end. Out of the 20 cases, reported from consultants, asked to bring cases with a turning point, two cases were identified as weathercock turnings. Out of the six taped consultation cases there were two turnings identified as weathercock turnings, one of which finally ended up as a distinct turning.

False turning

When the consultee says that the case has turned, because she doesn't want to work with the consultant, or with the client, anymore, there is a *false turning*. The consultee wants to finish or to focus on another client. Only the presentation of the case has turned not the representation. False turnings are distinguished from distinct turnings. when the consultee does not want to talk about the client any more. Questions about the child are answered very reluctantly. No good stories are being told. If the representation really has turned the consultee is still eager to talk about the case. One consultant attended to this issue:

> When it is an authentic turning, the consultees are still curious and want to focus on the child. /.../ But (in a false turning) the consultees don't want us to focus on this, I can feel that when I ask my questions...the consultees say we don't want to focus on this, let's focus on something else instead. It is something different in the interaction (in such cases). (Consultant 5. Focus group 1:1)

False turnings occur when there is some kind of hindrance, when consultation is forced onto the consultee, consultants are intrusive or there is a difficulty between the superintendent and her staff. No false turnings are reported as turning point cases, as the false turnings actually are no real turnings.

Continuous turning

Continuous turnings take more consultation sessions during a longer period of time. The consultee's understanding is deepened she finds better methods, being on the right way. It is, however, not possible to identify a certain point or session when there has been a turning. Discontinuous turnings are the focus of this study and thus continuous turnings are only discussed as a contrast.

Cases described as continuous turnings are often focusing on children having a handicap or other very serious problems, as exemplified below.

> There are children with a handicap, a difficulty that can't really change. Their teachers have a rather realistic view of the child. Teachers want our help. They want to work with someone with this kind of problem. Then there are no turnings, but there is change. (Consultant 11. Focus group 2:1)

> I had a case it didn't go very fast, but finally... It was a problematic child. It was hard for the teachers to accept him the way he was. /.../ They had given him so much, now they felt it was enough. /.../ They didn't understand his limits. They wanted him to be normal. (Consultant 15. Focus group 3:1)

The consultants have described teachers in continuous turning cases as experienced whose representations are not distorted and whose affective arousal has not been very high. The consultants have regarded the problems of the child as something that cannot really be solved and the cases have been referred to in diagnostic terms. The solution of the problem has typically been described as an acceptance of a handicap, an adaptation of ambitions or a regain of work motivation. Continuous turnings have been reported as more frequent within special education settings and within day-care centers with a heavy load of problems. The consultants have described this way of working as a process more similar to a process of supervision.

In the case material there are no continuous turning due to the fact that the consultants were asked to bring cases illustrating sudden turnings or turning points. In the taped cases there are no cases of continuous turning.

To sum up: Five different kinds of turning of the consultee's presentation and representation have emerged, *distinct turning, "magic" turning, weathercock turning, false turning and continuous turning.* Only in distinct turning is the consultee aware of what she has contributed. *Presentations and representations* are changed in all turnings except *false turnings* where only the presentation is changed.

Awareness of turning

Before moving ahead, the theoretical code of *awareness* will be discussed in order to shed some light over the relation between the different categories of turnings. The consultee's *representation* of the relation is seen as a concept including *feelings, cognition* and *action orientation* (cf. chapter 7). In *distinct turnings* the consultee presents a changed affective relation to the client, a changed cognition of the problem and a changed way of handling the problem. In "*magic*" turnings and *weathercock* turnings, however, the consultee presents a changed picture of the child, indicating a change in affective relation and cognition, but no conscious change in action orientation. When it comes to magic turning, regarded as an affective hang up, changing cognition and feelings seems to be enough. In weathercock turnings, a change in cognition and affect *is not* enough. A change in action orientation is necessary to assure a stable turning. If a change in action orientation should be regarded as a conscious process, something the consultee is aware of is still an open question in this study.

Table 8:1 gives a summary of the relation between the turnings and the change of representations.

Table 8:1
Types of turning in relation to what is subject to change and awareness of change

	DISTINCT TURNING	"MAGIC" TURNING	WEATHERCOCK TURNING	FALSE TURNING
CHANGE OF REPRESENTATION	Cognition Feelings Action-orientation	(Cognition) Feelings	Cognition Feelings	No change of representation
AWARENESS OF CHANGE OF REPRESENTATION	Yes	No	No	No change of representation

Chapter 9

THE CONTENT OF THE TURNINGS

This chapter will address the question of *what* has changed, when there is a turning, i.e. the *content* of the turning. The content is the consultee's representations and presentations of her relation to the client. How are teachers' representations of problems with children originally presented in the consultation process and what kind of change has occurred, when a turning has taken place?

In order to relate the categories and the sub categories of *presentation*, *representation* and *turning* to each other, three different *theoretical codes* have been used. The theoretical codes are *movement* (moving - stuck), *direction* (approaching - moving away) and *awareness* (being aware of one's own role in the interaction - not aware of one's own role in the interaction).

Normally the point of departure in the consultation process is a situation where the consultee is *being stuck*. The consultee presents her representation of being stuck. Teachers have said that they couldn't move, they were stuck and they wanted a push. That is how the theoretical code of *movement* appeared. After the turning has taken place the representation of the relation is not stuck any longer, it is moving. This moving is presented as relating. The *turning* is a process, coming from *being stuck*, going into *relating*. This process is described as moving in different *directions*, *approaching*, and *moving away*.

The two categories of *relating* and *being stuck* will be described below. The natural way of describing these categories would perhaps have been by starting where the consultees are when they ask for consultation, i.e. with *being stuck*. The category of *relating*, however, delineates interactions that are the forerunners of being stuck, why the logical starting point for this account will be relating. *Being stuck* can be seen as an unforeseen outcome of the process of *relating (or not relating)*. Turning, means coming back into relation again, or establishing a new relation.

Relating

When a turning has taken place, the consultee now presents how she is relating to the client after having been stuck. There are different ways of establishing or re-establishing a relation.

The answers, the consultants and the consultees have given to the question why a case has turned could be separated into three categories. (a) The consultee has approached the client, started to relate to the client and understands the client better. This category has been labeled *Approach*. (b) The consultee has calmed down and focused on the client. She has observed the client and has shown attention to the client. This category has been labeled *Attention*. (c) Finally the consultee sees the problem from the outside, she has established a distance to the problem, and she is able to put demands onto the child. This category has been labeled *Autonomy*.

Approach

After a turning has taken place, the consultee typically presents another understanding for the behavior of the client, presents stories where she is physically close to the client or takes steps towards him or her.

One consultant gave an example about a boy who had always been starting fights when he got off the school bus, until his teacher started to come out to meet him every morning, and then the fights ceased. The consultee expresses that the relation now is much easier, she does not get into such fights with the child, she can meet him or her in a different way and she can talk to the child's parents. Even if the child still might have problems she understands him better.

Three different sub-categories of approach appeared, (a) *positive physical contact*, (b) *understanding* and (c) *setting limits*.

Positive physical contact

This category includes presentations like, having a child in your lap, having a child leaning towards you during circle-time, walking up to a child, enjoying the closeness. Below, one consultant gives an example of approach after a turning.

> I (the consultant) can hear a difference (when the consultees talk about the boy). As the boy had been fighting all the time, he often came to the teachers and said 'they are bothering me'. Earlier the teachers would have answered 'but get away from them' Now they answered "but stay with us instead". (Consultant 5. Focus group 1:2)

Understanding

Understanding implies a psychological closeness. The consultee can see and understand other reasons to the child's behavior, and meet him or her, from that awareness, as one consultee expressed it:

> Through consultation our relation to and our understanding of the children and their parents are improved. (Consultee 34 a. Inventory)

Setting limits

Setting limits to someone can also be seen as an act of approach, for example if the consultee understands what the child needs and from this understanding she approaches and takes such fights she neglected to or did not dear to take before.

What is said about the relation to the child may also refer to the child's parents, illustrated in the example below:

> When the teachers discovered how they could put limits to the parents, and tell them what they wanted, how they worked and what they thought about what they did /.../ they got a completely different contact with the parents. (Consultant 5. Focus group 1:1)

The examples above show that *approach* can be described as a mode of interaction, where teachers are close to the child emotionally, cognitively and in action. It includes meeting the child's needs as they are expressed, understanding but also setting limits and restricting the child's behavior. The teacher reacts authentically and professionally to the child and/or the child's parents.

Attention

The category of attention has proven to be of utmost importance in understanding the turning of a problem. The very fact that a child is put in focus or is being observed by the teachers is described as a reason why a case has turned. This category is described by six different subcategories: *(a) interest, (b) neutrality, (c) focus, (d), presence (e) acceptance and (f) making observations.*

Interest

Interest describes the *feeling* of attention, thus being constantly present in this mode of interaction. Nathansson, (1992) describes interest as a positive affect though arousal is not very high. Without an interest in the child, it is hard to imagine how a representation could change. Interest in the child motivates a next step, either approaching or taking a distance. One consultee said that they had not actually regarded the child as a child having difficulties before they started to observe him. Prior to this he had just been getting on their nerves. Starting to talk about him, however, asking why he was doing this, their interest was aroused. In such a way a case may turn into an exciting task rather than a hopeless endeavor. One consultant gave another illustration of having the consultees' interest aroused. The consultant had been working for a while with a case that the consultees had not put much interest in:

> We were talking about the girl sitting in a basket. I got a picture of a turtle and gave it back to the teachers, and that made them interested. I think I gave them a picture of some one needing a shell that she needed to defend herself. She was not just a dull kid. (Consultant 6. Focus group 2:1)

A consultee expressed how interest is an important aspect of attention, vital for further actions towards the child.

> It is *stimulating* to be alert and attend *to* the child's problem, and to have fruitful discussions about different solutions. (Consultee 21a. Inventory)

Neutrality

Neutrality refers to two different aspects of attention (a) the consultee is neither very close to and approaching the client, nor very distant putting demands onto the client, *and* (b) the affective arousal is not very high. As one consultant expressed it "It is a *looking-distance*".

> Even if the teachers are very busy, they calm down, pay attention to this child, and focus on him for a while. (Consultant 15. Focus group 3:1)

> There was a shift in focus from their anger with his mother to focusing the boy. (Consultant 15. Focus group 3:1)

These two examples illustrate the shift from being entangled with feelings to a neutral focus on the client. Being neutral might also mean giving structure to a situation, not always approaching and giving in to some one who is crying, nor taking all the fights, but keeping to a plan, without getting too emotionally involved.

Focus

By focus is meant putting someone in the center, having him as a focal point. Being able to focus attention on one child in a group is an important forerunner for a turning. Not being able to focus, because of too many children in the group was often used as an explanation for turnings not occurring. In some cases putting focus is done by one of the teachers, taking a special responsibility for one child. The consultees have recognized the importance of focus of attention:

> Otherwise we will never focus on one child like that. It is good to have someone come from the outside. (Consultee 26a. Inventory)

> It is important to put your eyes also on those children that do not make so much noise. (Consultee Case C. Interview)

Presence

Similar to focus is *presence* in attention. The consultee is more around the child, being attentive and listening to the child and the child's problem. The consultee sees things she has not seen before. Being present means being mindful and observant to the children and their way of acting and experiencing the world, as expressed in the examples below.

> They are more present giving the children signs of comfort. (Consultant 8. Focus group 2:1)

> I think that they try to be close to her and listen. They can see things and they start to reflect over the fact that maybe she is not hearing very well. (Consultant Case E. Interview)

Acceptance

Acceptance of the child, in her or his own right, sometimes precedes the turning. Acceptance here means to be able to see the whole child with her problems and her good features. Being able to see how a child can profit from education and what is not possible to do within the present setting is also a sign of acceptance.

A formal diagnosis (like ADHD, Asperger etc.) may sometimes help teachers to relax and accept a child's behavior eventually leading up to an approach to the child. (Under the heading of *Being stuck* there is a discussion of situations when diagnosing is a hindrance for relating). Not unduly blaming oneself for a child's difficulties makes it easier to see with open eyes, realizing, for example, that a child will never be able to follow the main stream. When it is something-special with the child teachers are allowed to be and feel just as exhausted as they do, as expressed below:

> Sometimes it is necessary to accept that the child needs something more. To do as much as you can, but the task cannot be stretched further. (Consultant 12. Focus group 2:1)

Making observations

Making *observations*, formal or informal, is a professional way to attention. There may be formal written down observations or just mere descriptions of what was happening. The consultees expressed how important such observations are as a tool for understanding. Just starting to observe a child makes a difference. The observations that are of importance for the turning are those that are made with "eyes wide open" which can be seen in the examples below.

> Observation is like a tool that keeps the teachers in touch, they have a task…that helps them to keep in touch with the children. (Consultant 8. Focus group 2:1)

> All observations are a good help to focus on a child. (Consultee 26b. Inventory)

To sum up. Attention is a mode of interaction between the consultee and the client, characterized by interest. There is a kind, professional, relaxed atmosphere between the teacher and the child without extensive emotions. The teacher is interested in the life of the child, being present giving the child time, focusing on the child and accepting the child for it's own right. This is a free zone between approaching the child and autonomy towards the child.

Autonomy

For the consultee to *take a distance* to a client, to let go of feelings, to just *let someone be* or to *put demands* and requests on someone is also a way turnings are brought about.

Put demands

To put demands on a client means giving responsibility and tasks to perform and also trusting his or her ability. In one of the reported cases a day care provider discovered that it was possible to put demands on a little girl who did not talk in the care providers home though she knew how and talked at home. The care provider stopped to tiptoe around the girl, when she realized that this little girl had a strong will. One consultee said:

> Perhaps you can put demands even on very fragile children (Consultee 19 a. Inventory)

A "good enough" distance

The meaning of "good enough distance" varies and is part of the consultee's ability to let a client be, to not always get involved, to respect the client's integrity. Two consultants, in the examples below, expressed this:

> They get so touched by the child that they loose their distance.... There is a turning when they return to a *good enough distance*. Then they have some kind of a relaxed atmosphere to work in. (Consultant 1. Focus group 1:1)

> I think the teachers are less worried, they don't get so involved, they have put a distance to the girl, they were so entangled in the girl and her parents, but now they have much more distance. (Consultant. Interview, case F)

To sum up: Autonomy is a mode of interaction with a client, a way to relate and a way that can promote a turning. The consultee is keeping away from the client, getting less involved, trusting the client to be on her/his own. The consultee is challenging by giving responsibility and tasks to perform.

Relating as a movement

Relating has been described by the categories of *approach, attention and autonomy*, as different ways of turning when a teacher is stuck in relation to a child. All three categories have to do with moving and distance between the teacher and the child. In approach the teacher is getting closer to the child. In autonomy the teacher is getting further away from the child. In attention the teacher is getting closer, if she has been too far away from the child, or further away if she has been too close. Thus, these three categories can be described on a continuum and the relation between teacher and child can be formulated as a relational process oscillating between approaching and moving away.

At this point a hypothesis can be stated: For a relation to be optimal it must continuously oscillate between closeness and distance. There is an *approach* from both parties, but when the relation is getting too close, teachers are using their professional attitude towards the child, observing, interviewing, and being *attentive* but not overly involved. Teachers also distance themselves towards the child by not always meeting the child's need, challenging the child to grew up and develop and being *autonomous*. If distance grows too large they approach again but on another level. The relation between teachers and children can thus be said to oscillate between approaching and moving away, through the three different modes of interaction as displayed below.

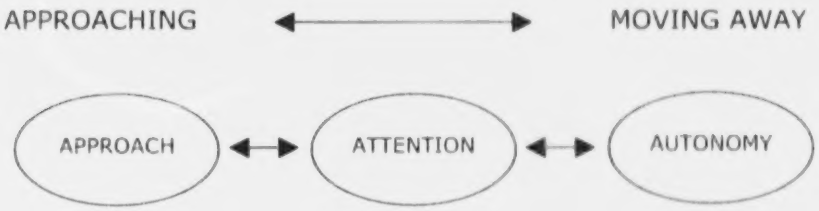

Figure 9:1. The representation of the interaction between teacher and child oscillating between approaching and moving away.

A consequence of the hypothesis about relation as an oscillation between different modes of interaction is, that staying in one mode of interaction means being stuck. The different categories of "being stuck" are presented below.

Being stuck

The consultee comes to consultation when she is stuck, when she sees no way out. (For exceptions cf. chapter 13). The consultees have expressed their situation using words like, "being stuck in a behavior", "it is very heavy", "not possible to proceed" or "being blocked". They are for example stuck in a dilemma not wanting to force and not wanting to let be. One consultee said:

> We get stuck and are just standing there. (Consultee 13d. Inventory)

One consultant gave an example of consultees being stuck:

> The consultees were so provoked by one girl. Every time they were to start a new activity, she told them how to do it. The consultees were stuck in this behavior, saying to her "We know this better than you". They answered her as if she wanted to boss them around, and then they bossed her instead. (Consultant 5. Focus group 1:1)

For the consultee there are different ways of being stuck in the relation to the client. The original problem may be very different in different cases and they are not solved in the same way. Using the theoretical code of direction and movement, the solution of the problem can be related to what has preceded being stuck. (a) The consultee has approached the client but got too close and involved and is entangled with the child. (b) The consultee has been observing too rigorously and been too neutral and formal so the relation is stereotype, formal and congealed (frozen). (c) The consultee has distanced herself, got too far away and lost the relation (or she never had one), i.e. she has alienated the client.

These three different categories of being stuck *entangled interaction*, *formal interaction* and *alienated interaction* are described and elaborated below. Each category is related to one of the modes of interaction between teachers and children, as can be seen in Table 9:1.

Table 9:1
Consequences of being stuck in the three modes of interaction

Mode of interaction	Consequence of too much relating
Approach	Entangled interaction
Attention	Formal interaction
Autonomy	Alienated interaction

The different types of representations of interactions are presented during consultation as different pictures depending on, in which mode the interaction is stuck, which can be seen in Table 9:2.

Table 9:2
The consultee's representation and presentation in being stuck

Representation	Presentation
Entangled	Distorted picture
Formal	Diagnostic picture
Alienated	Diffuse picture

Entangled interaction

The consultee is over-involved with the child emotionally, cognitively and in action. She mixes her own feelings with the feelings of the child. She has approached the child without getting an attachment. A case stuck in an entangled interaction, is presented in consultation with a high affective arousal. The child is getting on the consultee's nerves. The consultee presents a child who is always fighting, always destroying, never listening etc. Three main approaches are discernible: *open fight*, *hidden fight* and *over- identification*.

Open fight

There is an *open fight* when the consultee describes how a child gets into constant fights with other children and/or the teachers. Talking about the child leads to an affective arousal; the consultee gets very emotionally involved, angry, sad, or worried, as illustrated below.

> The temperature was high in this first consultation session. The consultees said that sometimes the boy looks like an old man sometimes like a baby. He kisses them all the time and teases them in all routine situations. He has the power over them, but they are angry with him and it is a constant fight. (Consultant 5. Focus group 1:2)

The consultee may be approaching while the child is avoiding the relation, which also leads to an open fight making the consultee very exhausted, as is illustrated in the next example.

> Ce: You have to break him down, get him sad to calm him down. He doesn't calm down until he gets sad.
> C: He gets very angry you say.
> Ce: He gets furious on children and things. You have to hold him, so he won't hurt anything, chairs or anything. You have to hold him he has no control over his anger. He bumps and tosses. (Case B. Tape)

Hidden fight

In a *hidden fight* the consultee is also very involved. She pities the child, and does not recognize that they are involved in a fight. The case may be presented as expressing a very special symptom, like mutism, encopres or eating disorders. Such problems provoke teachers and make them worry about the child. The consultee feels that she is responsible for helping or forcing the child to overcome his/her difficulties. The child is seen as fragile and no one to get angry with. In other cases children strongly approach the teachers. The consultee believes that the way to meet those children is by still more approach. The feeling, however, is that the child is getting on their nerves getting under their skin, is adhesive, clinging to them, coming too close. This is a difficult dilemma, as there is a "code" in childcare, saying, that if a child wants to be close she needs it and you can't be angry with her. This dilemma is shown in the excerpt below:

> This girl wanted close contact, she was embracing us and at the same time stepping on our heels. That hurts. We have been sitting with her

> very much. It was horrid, like she wanted to creep under our skin, coming much too close. (Consultee case E. Interview)

A hidden fight is solved when the consultee relaxes and get more authentic, without hiding her feelings. When the consultee relaxes the angry feelings evaporate, which is illustrated by the following:

> The teachers were so anxious they were stuck. I guess I removed the problem, so they relaxed. It was like they thought that they had to do something, have to make the girl talk. When the teachers relaxed, the girl could start to talk, because she didn't feel this charge anymore. (Consultant 4. Focus group 1:2)

Common to these examples are the ambivalent feelings of the consultees. The client is approaching so strongly that the consultee wishes to avoid the child, a wish making them feel bad. A consultee is not aware when being entangled in a hidden fight.

Over-identifying

Over-identifying with a child means too much involvement. The consultee is mixing her own feelings, negative or positive, with the feelings of the child. A consultee over-identifying with a child may for example be very worried about the child getting mobbed by the other children. She may pity the child and blame her parents. A consultee over-identifying with a child may have a negative interaction with the child's parents. Such a case may be solved when the consultee realizes that she cannot replace the child's parents.

> The teachers said that this girl was afraid of her mother. The girl worried if her hair-tail was not right, because her mother didn't like that. The problem was that the teachers felt so sorry for her. As a consequence of our consultation sessions they started to reflect over their own impact on the girl. (Consultant 1. Focus group 1:2)

The distorted picture, presentation of an entangled interaction

When the interaction between the consultee and the client is entangled, the consultee asks for consultation because she wants help. The consultee is involved, engaged and usually worn out by the immense problems. Affective arousal is high and the consultee presents her *anger, worry, fear, shame or disgust*. Sometimes, however, the presentation of the problem may be given in a very neutral way even though the representation is entangled. Not until the consultant has shown enough understanding and empathy or proven to be reliable, is the neutral presentation followed by a release of negative emotions and perception. The presentation of an entangled interaction gives a *distorted picture, enhancing one side* of the story, or overemphasizing the existence of the problem: *he will never*.

Enhancing one side of the story

One aspect of the child's behavior is over-emphasized. It is a presentation originating in a crisis, colored by emotions. The consultee presents only the child's weak sides not the positive ones. Or, for example, presents the child as being only angry not afraid.

He will *never...*

The presentation of the behavior and features of the child is one-sided without exceptions. The child is *always* hitting the other children or he can *never* go out into the hall without starting a fight. *As soon as* you ask him to do something he makes faces. *All day long...* The parents will *never* come to a meeting etc. When the picture is presented, there is a relation that goes with it, usually a very negative relation.

Summing up: When the consultee stays with approaching the client the interaction gets entangled and stuck. In consultation the case is presented with affective arousal and as a distorted picture, as illustrated in Table 9:3.

Table 9:3

The consultee's representation and presentation of the interaction with the client. Moving and being stuck in approaching

REPRESENTATION/ PRESENTATION	MOVEMENT/ BEING STUCK
MODE OF INTERACTION PRECEDING BEING STUCK	APPROACH Physical contact Understanding Setting limits
REPRESENTATION OF BEING STUCK	ENTANGLED INTERACTION Open fight Hidden fight Over-identifying
PRESENTATION OF BEING STUCK	DISTORTED PICTURE Over-emphasizing a single trait "He can never..."

Formal interaction

Being stuck in attention will result in a formal interaction. The consultee is observing and diagnosing the child so extensively that she is not relating. The consultee is competent and wants to learn about "these kinds of cases"; being worried not knowing enough how to handle them. Relating is getting too formal and neutral. The child may have a diagnosis and is treated more like a case than an individual child. Three different kinds of formal stereotypes are identified: *formal diagnosis*, *"as if"- diagnosis* and *social stigma*.

A formal diagnosis

When the consultee is stuck in a formal stereotype interaction a formal diagnosis may have the effect of destroying teachers' self-confidence and lower their proficiency. If the consultee knows that it is "something psychiatric" then she can't behave the way she normally does with the other children. She starts to think in a diagnostic way, instead of in a developmental way, and she eventually gets stuck, as she looses her normal tools and competencies. One consultant has given such an example.

> This boy was a client at a child psychiatric clinic. He had always been weird, but now the teachers couldn't understand him at all. They had a scientific way of describing him. The consultant commented the normality, while the teachers were thinking of his weirdness. The consultees got interested, however, and the case turned. The consultees said that the boy had become more tolerant. What the consultant could hear was that they had another relation to him. When he had gone away and came back they now welcomed him. The consultant thought that what she did was to take away the madness from the boy. The teachers had a diagnostic way of thinking. They got stuck with his compulsory behavior. (Case 3)

When a consultee is stuck with a formal diagnosis she discusses the diagnosis extensively, wanting to have prescriptions of how to treat these kinds of children. It is not, however, the diagnosis as such that impedes the relation between the child and the teacher. It is the way the diagnosis is handled, whether the consultee perceives the child as an "Asperger" and wants a recipe or perceives him as a well-known child with a diagnosis. (cf. page 123, for positive effects of diagnosis in consultation.)

As-if diagnosis

The consultee acts as if the child had a diagnosis, and is convinced that there is "something wrong" with the child. The consultee wants someone else to take over to examine or treat the child. The consultee looks for signs of disturbance, and is convinced that what she can do herself is not enough.

Social stigma

Families with a *social stigma* spelled out or imagined, will play the same role as an individual child with a diagnosis. The consultee sees only the social situation around the family and uses the time to talk about what goes on at home, while the relation to the child is stereotype or non-existent. In the example below, the teachers were so worried about the girl's mother and the whole situation that they couldn't really attend to the girl.

> The teachers thought the girl needed to be home more. She was not going to be free during Christmas vacation. Her mother was unemployed, and still not reachable during daytime. They did not know where she was. They called when the girl was sick and couldn't reach her mother. (Consultant 1. Focus group 1:2)

The diagnostic picture, presentation of a formal interaction

A presentation of a stereotype case gives a picture of a *stereotype diagnosing*. Consultation is requested, because "with these kind of children it is necessary to have expert help". Prescriptions are asked for. There may also be requests for testing the child. If it is a problem within the family, the request might be to contact the social service agency, child-psychiatric agency etc.

The consultee *knows* that it is something wrong with the child and/or the child's family. She may also know why it is wrong. She can give a great deal of examples of how the child/family is behaving, and expect the consultant to confirm her view. The child is described in terms of behavior and traits rather than of a relation. Two different categories of stereotype diagnosis are discernible one with low affective arousal and one with high affective arousal. When affective arousal is low and neutral the category is *asking for prescription*. A stereotype case with a high affective arousal this category is identified as what Caplan (1970) has coined *theme interference*.

Asking for prescriptions

The consultee *asks for prescriptions* concerning a special kind of difficulty, there is a low degree of affective arousal. The consultee may be very competent but is emotionally not very involved with the child or the family. The consultee knows a great deal about the special problem and wants the latest techniques for treating these kinds of children, as if it were possible to get a prescription. Or if it is an "as if diagnosis" they want to get the child tested and diagnosed.

Theme interference

When there is *theme interference*, (cf. chapter 2) affective arousal is high but the consultee is not upset, in the same way as when presenting a distorted picture. It is not the relation to the child that upsets her, but something in the situation, for example parents who are divorced or working too much. The consultee gives a neutral balanced but stereotype picture and feelings are aroused at certain moments, when a stereotype comes through. The stereotype is recognized by the fact that it is repeated with almost the same words and in the same tune of voice. The consultee is talking about the child or his family in a stereotype way, without relational attributes. In the example below a consultee is stuck in her own dilemma:

> Consultees project onto the child things that don't belong there. One consultee had a son with an Asperger diagnosis; she saw Asperger symptoms all the time. (Consultant 17. Focus group 3:1)

Theme interference indicates that an earlier history, private or professional, with an unsolved problem has made the consultee believe that a special phenomenon (social situation, personal trait, diagnosis etc.) will end in a catastrophe and there is no way to avoid it. Theme interference could explain many cases when a child is presented as a diagnosis. The anxiety for the inevitable outcome is so high, that there is no energy left to relate to the child. In the two examples below the consultants put the same question to the consultee, which made them start to relate again.

> I asked: How would you have done, had it been another child? Trying to answer this question the consultees suddenly got hold of their creativity. I have experienced trying that question, even with children who are rather odd. They become more normal, and above all, teachers get the feeling that it is enough to do the same thing as they do with ordinary children. (Consultant 1. Focus group 1:2.)

> This case turned, though it sounded very sick and unpleasant. One girl had anxiety attacks from a picture in a book. The teachers were afraid that she had delusions that it was "something psychiatric", that was far away from their professional domain. The consultant asked, "How

> would you have done, had it been another child?" And then the teachers got in contact with their creativity. The consultant thought that even with children who are rather exceptional they tend to become more normal when one asks this question. They get the feeling that it is enough to do what they do with all children it doesn't hurt them. (Case 4)

Regarding these examples that were solved, when the consultee did not regard the child as just being sick but related to her healthy parts, is a kind of "dediagnosing". There are two ways one could see this process (a) as an unlinking (b) as a theme interference reduction (cf. page 14).

Unlinking is a way of detaching the child from the original category, for example ADHD; in order to avoid the catastrophe believed to be linked to all children with ADHD. As a consequence, the consultees would be relieved for the time being, but soon another child would be suffering from ADHD. The consultants in this study said, however, that they had seen no such signs of unlinking when they had been using "dediagnosing". They also had a discussion whether unlinking is being profitable for the child, or a major error in consultation. The consultants said that when it is not possible to work with theme interference reduction, isn't it better to work with unlinking? There are times when there is strong theme interference, but it is hard to work with it, and there will be coming one child after the other with the same kind of problems. While the consultant is trying to find out how to work with the problem, it seems necessary to save children from the doom.

Another interpretation of *dediagnosing*, however, is that it can be seen as *theme interference reduction*. The consultant stays calm and talks about what all children need whatever psychiatric diagnoses they may have, that is, to meet them as individuals in order for them to develop within their limits and possibilities, thus giving a hope that the children can develop and are not doomed even if they have some deficits.

Summing up. When the consultee is only observing the client, being neutral, the interaction gets stuck in a formal interaction, presented in consultation as a stereotype diagnostic picture, asking for prescriptions, which is illustrated in Table 9:4.

Table 9:4

The consultee's presentation and representation of being stuck in attention

REPRESENTATION/PRESENTATION	MOVEMENT/BEING STUCK
INTERACTION PRECEDING BEING STUCK	ATTENTION Interest Neutrality Focus Observation Presence Acceptance
REPRESENTATION OF BEING STUCK	FORMAL INTERACTION Formal diagnose "As if" diagnose Social stigma
PRESENTATION OF BEING STUCK	DIAGNOSTIC PICTURE Asking for prescriptions/diagnoses Theme-interference

Alienated interaction

When the consultee enhances autonomy too much she gets stuck in an alienated relation to the client. She expects the client to manage on his own, challenging the client. If a child is challenged too much he/she might turn away from the consultee, avoiding the interaction. There may be other interferences making it impossible for the consultee to attend to a child the way he or she needs. Some children are described as having no base and no relations to anyone, like hanging in the air. Children are described as free-floating, as in the excerpt below:

> It was like he was amusing himself, they just let him be /.../. They started to describe how he wandered around. They had many small rooms. He was like a satellite. (Consultant 2. Focus group 1:2)

There are different ways of being stuck in *alienation*, (a) *avoidance* from consultee, (b) *avoidance* from client, (c) *interference* from family or (d) *interference* from organization.

Avoidance from the consultee

The consultee has tried so hard to interact with the client, with no result, or with the result of fights so persistent that she is now *avoiding* the relation. Through consultation such a consultee may come back to the mode of approach in relation to the client and to the feelings of the representation of approach.

Avoidance from client

The child or his/her parents are avoiding the teachers. If the child or the child's parents are described as withdrawing from interaction, too much approach from the consultee might lead to still more withdrawal until the consultee gives up and avoids the relation instead. (If the consultee is consistent in approaching an avoiding child this will instead lead to a fight and *entangled interaction*.) One consultant gave an example of consultees saying that when they talked to the child's mother, the mother pretended not to hear.

> The consultees describe both the boy and his mother, as being very quiet. His mother just says yes or no, and the boy was described in a way that you would think he was almost autistic. (Consultant 15. Focus group 3:1)

Interference from family

Interference from family can impede the relation between the consultee and the child. The consultee is so occupied by a negative relation to a parent, that she looses sight of the child. The consultee regards the child's parents as some authority figures, interpreting what they say and do as criticism. Or the consultee considers the child's parents as incapable of taking care of the child, being occupied by what is happening at home. Having had difficulties with a brother or sister earlier interferes with the interaction to the present child. One consultant gave such an example where the teachers were so fed up with a family because of difficulties with a brother, that they showed no interest in the younger child. They expected the parents to behave the same way as before. Another consultant described a case where the interaction was being stuck. The teachers could not grasp the boy; they described him like a snake. What really stopped them from interacting authentically with the boy, however, was the fact that his mother always believed him. Interference from family is described throughout the study as a cause of being stuck. As two consultees expressed it:

> It is hard to reach an accurate plan there are too many unsolved questions about the child and her family. (Consultee 28 c. Inventory)

> It is hard to solve problems when it is so dependant on the family and the home. I think that as professionals there is very little we can do. (Consultee 14b. Inventory)

As a consequence cases have turned after teachers have approached parents and have had a meeting and talked things over as is described by one consultant:

> Both the mother and the boy were hard to get in contact with. The consultees worked with both mother and child at the same time, and before the third session they had a good talk with his mother, and suddenly there were no more problems with the boy. (Consultant 15. Focus group 3:1)

Organizational interference

Organizational interference is common when there is a weak and distant relation between the consultee and the client. Some examples: There has been turnover in staff and the consultee has not had enough time to get to know the child, or the child is new to the consultee. The group of children is too large for the consultee to have enough time to get to know the child. There are so many difficulties in the group of children that the consultee has not noticed the quiet ones. Still another example is when a teacher has missed the possibility to attach, during the first introduction phase, when a child starts in day-care because the introduction was easy and made too short. There are other organizational factors disturbing the work like a new director, organizational change etc. In the excerpts below one consultant and one consultee have described organizational interference.

> There are no turnings in this place. It may have to do with the fact that there are so many kids in every group, so they are having a hard time focusing on one child at a time between the consultation sessions..(Consultant 16. Focus group 3:1)

> He was here last year, but we didn't see him, we had another child that we worked with so intensively. He took everything. (Consultee case C. Interview)

The diffuse picture, presentation of an alienated interaction

The presentation of an alienated interaction gives a *diffuse picture*. This diffuse picture may confuse the consultant. The reasons for seeking consultation is not as clear as in the case when the consultee is stuck in *entangled* or *formal interaction*.

Some examples: If the alienation is due to organizational hindrance, the consultee seeks consultation to get support and if she feels that she is met with understanding, she will be able to focus on the child. If the consultee has tried to approach the child but the child has been avoiding then the consultee may have given up. The consultee may still have a hope of establishing a relation. At least one of the teachers in a staff may see this possibility and ask for consultation. Finally, if the consultee has given up the hope of establishing a relation to a child, there may be others around, pushing in the direction of asking for consultation. The director is worried, or the other children and their parents are getting very upset, asking the staff to do something.

There are four different aspects of diffuse pictures identified, (a) the blank page, (b) contradictory description, (c) changing focus and (d) wishing to refer.

The blank page

As the consultee has a distance to the child or the child's family she cannot give a clear picture of the child. The consultee has difficulties in answering the questions from the consultant. The consultant gets no picture of the child and gets confused. The consultant may believe that a child has an autistic behavior when the consultee describes someone just wandering around, with no contact with any one as in the example below.

> It was like she had no connections anywhere. I was worried /.../. Second or third time when I came they wanted to talk about another child because everything was going so well with this girl. (Consultant 14. Focus group 3:1)

Contradictory description

The perception of the child may vary tremendously within the staff. Different consultees are giving different pictures of the case, pictures that are not in agreement with each other. Even the presentation from one consultee may be contradictory. The boy is like an old man and a baby at the same time. The girl is manipulating, hurting other children deliberately, but doesn't understand what she is doing. The consultant becomes confused, like in the example below where the consultant is getting a picture of a retarded child.

> His speech was poor and he was slobbering. He had his mouth open, putting things in his mouth. I thought it was serious, so I asked: "Does he understand when you talk to him?" And they said he understands everything, he is smart. (Consultant 2. Focus group 1:2)

Changing focus

The variation of motives for seeking consultation impedes the possibility of reaching a common focus. The focus may shift from one child to organizational questions. Or the focus may shift from one child to another child or from the group of children to a single child. The consultant gets confused and has difficulties defining the problem in agreement with the consultee.

Wishing to refer

If the consultee believes that referral or a special aid is the *only* solution to the problem, she will ask for consultation trying to convince the consultant to support this pursuit. The consultee is so convinced that this child should be moved somewhere else, that she avoids getting into a relation with him or her. The same thing is the case when the consultee wishes to get a special needs-aid or a special education teacher assigned to the child. Believing referral to be the only way out of a difficult predicament, the consultee repeats situations that argue for the referral, the special aid or whatever the solution to the problem is. Thus it is regarded as a turning when the consultee accepts to keep a child in the group. Accepting the child is a sign of movement. The consultee is relating to and interacting with the child.

Table 9:5 summarizes relating and being suck in autonomy.

Table 9:5
The consultee's representation and presentation of being stuck in alienation

REPRESENTATION / PRESENTATION	MOVEMENT / BEING STUCK
MODE OF INTERACTION PRECEDING BEING STUCK	AUTONOMY Challenge Creating a "good-enough" distance
REPRESENTATION OF BEING STUCK	ALIENATED INTERACTION Avoidance from consultee Avoidance from client Family interference Organizational interference
PRESENTATION OF BEING STUCK	DIFFUSE PICTURE Blank page Contradictory description Changing focus Wishing to refer

Summing up: Challenging a client too much and creating a distance that is too large, leads to an interaction stuck in alienated interaction, which is presented in consultation as a diffuse picture.

Summary of being stuck

Emphasizing only one type of relating and not moving between the different modes of interaction has the consequence that the interaction between the consultee and the client is stuck. Depending on which mode of interaction that has preceded *being stuck*, the representation will be presented in different pictures. The different aspects of *being stuck* are summarized in table 9:6.

Table 9:6
The consultee's presentation and representation of the interaction with the client. Moving and being stuck

	APPROACHING	NEUTRAL POSITION	MOVING AWAY
MODE OF INTERACTION PRECEDING BEING STUCK	APPROACH Physical contact Understanding Setting limits	ATTENTION Interest Neutrality Focus Observation Presence Acceptance	AUTONOMY Challenge Creating a "good-enough" distance
REPRESENTATION OF BEING STUCK	ENTANGLED INTERACTION Open fight Hidden fight Over-identifying	FORMAL INTERACTION Formal diagnose "As if" diagnose Social stigma	ALIENATED INTERACTION Avoidance from consultee Avoidance from client Family interference Organisational interference Wish to refer
PRESENTATION OF BEING STUCK	DISTORTED PICTURE Over-emphasizing a single trait "He can never..."	DIAGNOSTIC PICTURE Asking for prescriptions/ diagnosis Theme-interference	DIFFUSE PICTURE Blank page Contradictory description Changing focus

Chapter 10

THE PROCESS OF TURNINGS

At this point, the cases reported by the consultants will be used to further analyze the emerging model. The process of turnings of representations moving from *being stuck* to *relating* in the interaction modes of *approach, attention or autonomy* is used to explore and make assumptions regarding the different kinds of turnings (*distinct, "magic", weathercock and false).* Previously, when the structure of the model was developed, the cases have been coded in fragments. At this point the cases are coded as cases. This is one way of testing the model seen as selective *coding*. The question being explored in this chapter is: "In which direction is the process turning when it starts to move from having been stuck?" The different kinds of turnings are linked to the basic social process of moving from being stuck to relating and changing direction. Figure 10:1 illustrates how the process gets stuck. In the following, the turning of the process will be illustrated.

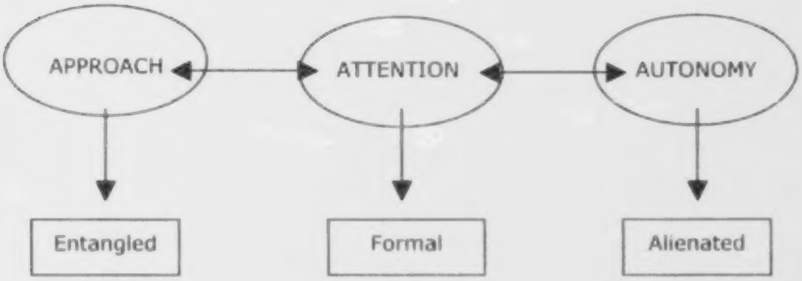

Figure 10:1. The modes of interaction in relating between the consultee and the client leading to "being stuck".

Turnings starting from entangled interaction

When teachers approach too much, they are stuck in entangled interactions. There are three variations found in turnings starting from being stuck in entangled interactions, (a) from entangled to attention, (b) from entangled through attention to approach, (c) from entangled through attention to freely move between approach and autonomy. These turnings belong either to the category of *distinct turnings or "magic" turnings*.

From entangled to attention

All the *"magic" turnings* fall into the category of moving from being entangled to attention, and there are no other kinds of turnings falling into this category. There are no other turnings where it is enough to attend to the client. The original representation is *entangled* and the presentation is *distorted*. When a consultee comes back to see the client after the consultation session, she signals to the client a neutral attention, instead of entangled emotions, and that seems to be enough for a turning to take place. This movement is illustrated in Figure 10:2.

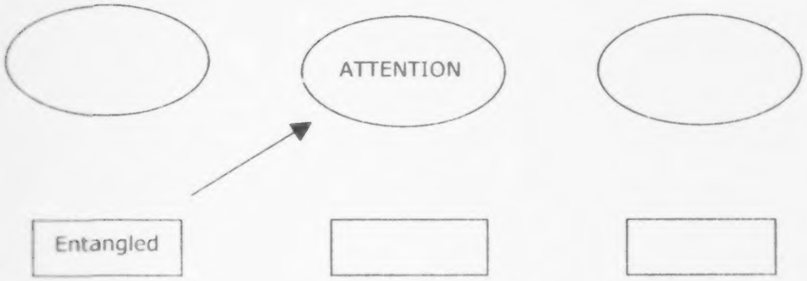

Figure 10:2. Moving from being stuck in entangled to attention. A "magic" turning.

One consultant (Case 10) described a case with a girl in a family day-care. The girl was described as very fragile and only her weak sides were attended to. The care provider was worried. She constantly tried to guess what the girl wanted as the girl didn't talk. This is a typical example of a hidden fight, where feelings of irritation and anger cannot be expressed, as the child seems so fragile. When the strong side of the girl had been emphasized, however, the care provider could relax; angry feelings were not as dangerous any more. When the care provider relaxed so did the child. She started to talk immediately after the consultation session.

In another example (Case 13), the consultees were worried about a little boy, who was behaving eccentric, and whom they couldn't get to wake up in a normal way. The consultant thought that the staff was competent and experienced. Affective arousal was moderately high. During the second session, the consultees showed the written observation from the day after the consultant had been there. It was a 25 minutes long observation with a normal waking up behavior with the boy sitting in the teacher's lap, softly waking up and then jumping down on to the floor. The turning startled the consultees. They did not know what had happened but said, "We must have changed ourselves". They were not aware of what they had done, and not aware of a *hidden fight*. The consultant believed that it was a fragile child in a fragile situation and that the consultees' worry was adequate. When the consultant confirmed this worry the consultees became more psychologically present in consultation and could thereby be psychologically present with the boy.

In the case presented below, one girl is described as being very dependent and adhesive. The presentation was moderately negative both in description and affective arousal, which could signify that the staff was stuck in formal interaction instead of entangled. But as the case turned so quickly, and the behavior of the child underwent such a dramatic change, this indicates a hidden fight. "Forbidden" feelings, that the consultees may not have been aware of resulted in a presentation that was gentler than the content of their representation. When the consultees were confirmed and their feelings were allowed, that gave rise to a more neutral attention to the child, who was very sensitive to the feelings of the grown ups. When the consultees relaxed there was a possibility for the child to relax. As there was a basic attachment between the child and the teachers this was enough for a change to occur.

> A girl of three and a half has a special symptom; she doesn't talk, though she knows how to speak. The staff at the day care-center is worried and somewhat irritated, affective arousal being moderately high and the presentation only moderately negative. Presentation of the symptom is negative, but not the presentation of the child. Teachers want to know how to work with the girl. The consultant regards the problem as a serious case of selective mutism, the staff is experienced and the girl has been there for 2 years without talking. The staff is not used to consultation and the staff calls several weeks before the second session to tell the consultant that she does not need to come because the girl talks all the time. She started to talk the same day as the consultant had been there. The consultant is startled by the quick turning, which she could not predict. The consultant meets with the staff as planned to hear what has happened. The girl now makes contacts with adults and children and talks in front of all children. The teachers are not aware of the cause of the change. They say that in consultation they became confirmed and encouraged to work the way they did. The consultant is not aware of confirming their work-method or telling them that they are doing the right thing. She explains the change by the emotional relation being detangled between staff and child. The symptom was so unique, so they thought they had to behave in a very special way. The girl was very close to one of the

> teachers, they had an entangled relation. The consultant believes that the tenseness in the staff caused tenseness in the child and the other way around. Through a supporting attitude from the consultant and the support of their self-confidence by saying that there are no magic ways of treating children who don't want to talk, the staff relaxed and so did the girl and started to talk. (Case 1)

When there is a hidden fight, which is the case in the magic turnings, the affective arousal is not as high as in other cases stuck in entangled interaction. As the angry feelings are forbidden, they are concealed. It is not easy to differentiate a case stuck in entangled with a hidden fight, from a case stuck in a formal interaction presented as a diagnosis. If a case turns, because of the consultee having *attended to* the client, it could be assumed that it originated from a representation stuck in *entangled interaction*.

A slightly elaborated interpretation of such sudden turnings as in the examples above is that the change in the representation has actually taken place prior to consultation, when the consultee is taking the step to contact the consultant. A supporting attitude in consultation is then a help to make the change in representation stable.

From entangled to autonomy

The turnings in this category are distinct turnings. The consultee is aware of how she has changed in action orientation towards the child, as well as in her feelings and cognition. In figure 10:3 it is

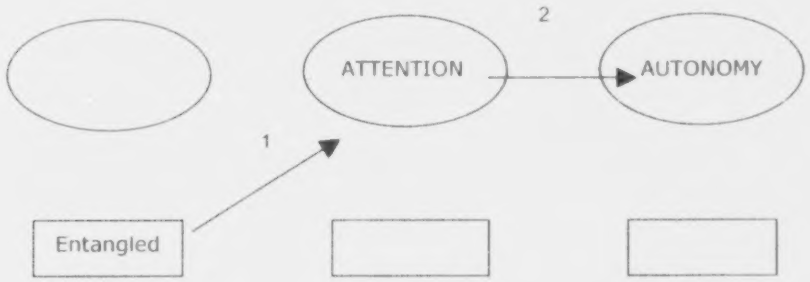

Figure 10:3. Moving from being stuck in entangled through attention to autonomy. A distinct turning.

shown how the representation of the interaction moves from being entangled through attention to autonomy.

In the case presented below the consultees thought that they should be close to a boy who was lonely. They discovered, however, while observing him that more approach from grownups was not the solution to his problems. Instead, he needed more contact with his playmates, which was organized through the structuring of the play situation. As the boy had learned how to approach the other children he became more autonomous in relation to the teachers.

> This case is presented as an unlucky boy. He gets on the nerves of the teachers, clinging tightly onto them, not being able to play with the other children. The consultees believed that they should approach him more, but did not feel inclined to do so (hidden fight). The case turned after the third session. Now he had contact with the other children. Arriving in the morning he was happy. He was playing instead of just watching. The consultees said, " We have helped him to get children to play with, letting a small group of children stay indoors while everybody else was playing outdoors. We started by observing him. We could see his difficulties, we talked to him when conflicts arose and showed him what he could do and say instead. Now he is using our phrases, saying, 'Do you want to play with me?' instead of just throwing himself into the crowd, or leaving to be by himself." The consultees were not irritated anymore. The boy had become much more autonomous. As an answer to a teacher's request for help with cleaning up, he took the chance to run away and play. (Case C)

These consultees in the example above were well aware of what they had done to promote the change that had taken place.

From entangled to moving freely

The turnings in this category are also *distinct turnings*. The consultee is aware of how she has changed in action orientation towards the child, as well as in her feelings and cognition. There is a history of a good relation between the consultee and the client. Then, however, there has been a hang up, where the consultee has approached when the client has avoided the relation, which has led to an open fight. As there has been an original attachment between the consultee and the client, this is restored when the consultee has discharged her angry feelings, attended to the child and observed the child in such a way that she now can adjust her relation to the child and move freely between approach and autonomy.

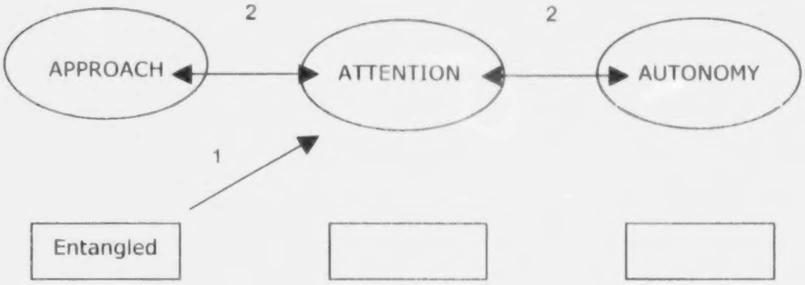

Figure 10:4. Moving from being stuck in entangled through attention to freely oscillate. A distinct turning.

In the case described below, the teachers have had a good relation to a boy, a relation that has freely been moving between approach and autonomy. When starting consultation, they are stuck in an open fight, all entangled with upset feelings. Through consultation a state of attention in relation to the boy is attained. Their affective arousal fades away and they approach the child from a new perspective, so the relation is back to moving freely between approach and autonomy.

> A boy, who is close to the staff, has started to have temper tantrums. He is aggressive and hits and kicks the other children, turns the furniture over. The teachers are holding him hard to prevent him from hurting anyone. They feel very bad about having fights with him. Both the consultant and the consultees agree that there is a turning point already in the first session, (Cf. the second study) and it is finished in the second session. By talking about him (*attention*) they can see the problem from a different angle and they are not so irritated (less *affective* arousal). The consultees say that the case has *turned*; they have another attitude and know how to handle the boy. Temper tantrums are much more rare, and he can put words to his feelings and teachers can reach him by talking to him. They give examples of how they are approaching him and how he is approaching them, how they are giving him tasks and giving him more autonomy. (Case B)

To sum up: Turnings starting from being stuck in entangled interaction are represented in the categories of distinct turnings or "magic" turnings. The *distinct turnings* originating in an entangled interaction moves through attention to autonomy, or through attention opening up for a free oscillation between approach and autonomy. The consultees are aware of having changed their action orientation. The *"magic" turnings* move from entangled to attention: the client is seen in a different way, the affective arousal is decreased, but there is no change in action orientation, conscious to the consultee. If there has been an original basic attachment between the child and the consultee this seems to be enough to change the situation and the behavior of the child.

Turnings starting from formal interaction

The turnings in this category are distinct turnings and weathercock turnings. The original presentation is *asking for prescriptions* or *theme interference*. The different patterns found are: (a) from formal stereotype through attention to approach, (b) from formal to attention and back to formal.

From formal to approach

The turnings in this category are distinct turnings. Starting with a diagnostic picture, the consultee opens her eyes to see the client, observes, attends to the client and finally approaches the client.

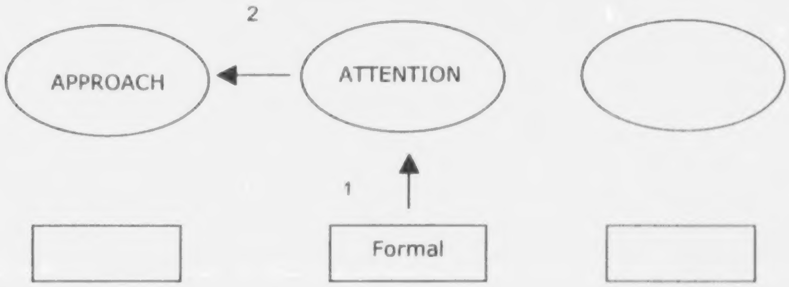

Figure 10:5. Moving from being stuck in formal through attention to approach. A distinct turning.

In the example below, the consultees were getting interested in a child, by the consultant's intervention. Originally the consultees were stuck in a formal, stereotype interaction. When the consultees got interested they met the boy in a new way. Instead of regarding his eccentricities they treated him as an ordinary child, who was just running around in a circle, taking a turn, not as a sick child giving in to compulsory behavior. The consultees were now welcoming him when he had been running away and was coming back. The case was first presented in a stereotype way with a medium high affective arousal, which indicates that the problem could be identified as theme interference.

> Something happens in the first session that makes the consultees interested in the case. There is a turning in the second session that is confirmed in the third session. The turning is a change in attitude and behavior towards a 6-year old the boy. The consultees give a very *negative and stereotype presentation* with a "scientific" attitude, i.e. a *diagnostic picture*. He is presented as a child attending the Child Psychiatric Clinic for his compulsory behaviors. He is also presented as violent, dominating and mean. *Affective arousal is medium high*. The consultees describe the difficulties in transitions between one activity and another, when the boy leaves and never complies with routines, but runs away. The consultant makes a summary of how the consultees' encounter with the boy is presented. "It is like he makes a turn and then comes back, as if he needs to do that." The consultees listen very carefully and start to discuss. Next time there has been a turning that is confirmed the third time. The consultees describe the boy as being more tolerant and reasonable, with a happier look in his eyes. The consultees explain the change, saying that spring has come and the group is rather small (*weather and wind explanation*). The superintendent is present and the consultant believes the superintendent becomes *aware* of that their way of working with the boy has not been the best. The consultant thinks that she is normalizing the behavior of the boy, taking away insanity, while the consultees have been thinking of his eccentricity in diagnostic terms. The boy still has his difficulties, but staff is approaching him in another way treating him as an ordinary child, being more tolerant When he is running away they are not chasing him, but keep an eye on him and welcome him when he returns. (Case 3)

This turning can be interpreted as a theme interference reduction, the theme being for example, "children with compulsory behavior will grow up to be murderers or rapists". Theme interference reduction is made through the consultant's calm behavior and her idea that if a child with compulsory behavior is met and understood he will become much more normal. The fact that the consultees were using a *weather and wind explanation* points in the direction of theme interference. The superintendent is however aware of the difference before and after the turning. Previously it has been said that in distinct turnings the consultees are aware of a change in their representation, particularly action orientation. Now it can be proposed that theme interference reduction is a special case of distinct turnings when consultees *are not aware* of a change in action orientation.

From formal to attention and back to formal

In this category, there are only weathercock turnings. The process starts with the consultee stuck in a formal relation. She has a diagnostic view. In the consultation process her interest for the client is raised and she observes and attends to the client, but there is no approach. As there never has been an attachment, attending is not enough. The formal, observing behavior takes over, and the interaction is again stuck in *formal – a weathercock turning,* which is illustrated in figure 10:6 and in the example below.

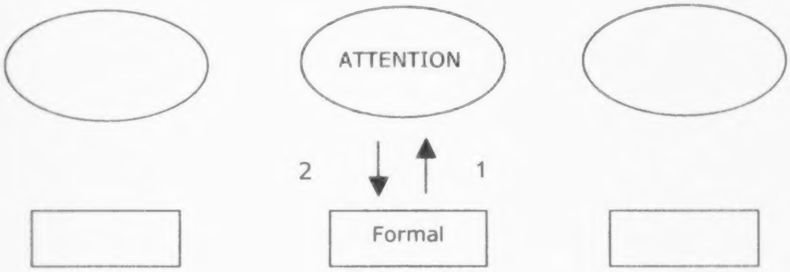

Figure 10:6. Moving from being stuck in formal to attention and back to formal. A weathercock turning.

> This is a case with a weathercock turning in the second session, the third session it is reversed and in the fourth session a distinct turning is reported. Only the weathercock turning is illustrated at this point. The consultant visits the day-care center for the first time. There is an organizational interference as the superintendent is negative to using consultants. It is a three-year-old girl. The consultees start out with

> saying that it is something peculiar with the girl's body. She can't keep still; she is moving all the time. She is sturdy and dumpy. The girl is very expressive; she has, outbursts and conflicts with other children. The consultees are afraid that she might get mobbed. But she is also creative and her drawings are advanced. The staff can give a balanced presentation, but they are stuck, more so than the consultant thinks is adequate. Second session: there is a turning, the girl has calmed down. The consultees say that she is a real character. She can fold her clothes and enjoys being praised. Third session after 7 weeks: the situation is worse. It was calmer for a while but then there was a setback. The girl avoids people or is intrusive on people. The consultant believed that perhaps there wasn't a turning the second time. Abandoning them for 7 weeks made them feel inadequate, when they cannot make her play with the other children. They project the feeling of being insufficient on to the girl. Anyway it is her fault. (Case 19)

The presentation in the first session is balanced and the consultees are being stuck. This indicates that they are stuck in a formal interaction and thus give a stereotype diagnosis. As there is an affective arousal this is interpreted as theme interference. The theme could be "it is something neurologically wrong, (*there is something peculiar with her body*), if that is not diagnosed at an early age it will be devastating for her life, because these kinds of children will get mobbed". The consultees are stuck in a formal interaction of *as-if diagnosis,* the clumsy behavior and restlessness being a sign of a neurological deficit. There are two alternative interpretations of the weathercock turning. (a) By moving from a stereotype diagnosis to attention the consultees are able to see the child in her own right and their representation of the child is changed. Thus they are able to present her to the consultant in a balanced way. As there has been no prior attachment between the consultees and the client, however, attention is not enough; approaching is necessary to establish a stable relation. When the consultees are not approaching the client, they slide back into stereotype diagnosing again. (b) The consultees, when observing and attending to the child discover that it is not plausible that the girl has a neurological deficit. There is an unlinking and the consultees give a new presentation of the girl to the consultant. The theme about neurological deficits leading to a total catastrophe is however still there and as it is a long time until the next consultation session, the consultees may see new signs coming through, and the theme is again put onto the girl.

Turnings starting from alienated interaction

In this category, there are only *distinct turnings*. The consultee is stuck in an alienated relation to the client, presenting a diffuse picture. Two patterns are found: (a) From alienated through attention to approach. (b) From alienated through attention to freely moving to approach and autonomy.

From alienated to approach

The consultee stuck in an alienated interaction with the client, starts to attend to the client and then approaches, which results in a distinct turning.

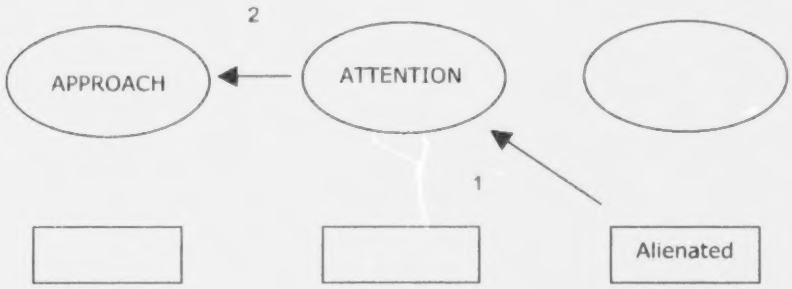

Figure 10:7. Moving from being stuck in an alienated interaction through attention to approach. A distinct turning.

The case described below started with the consultees giving a diffuse picture, constantly changing focus in the presentation of the problem. There was a heavy organizational interference, cut downs, criticism from parents and a non-present superintendent. By giving the child more attention and approaching him there was a distinct turning.

> There is a turning point during the first session, however, not very evident for the consultant and a distinct turning in the second session. The consultees have a relational problem with an aggressive boy. The staff is worn out, *affective arousal is high and presentation is very negative.* The whole situation is heavy. There has been restructuring in the organization, and cut down on employees. There are many boys who are acting out and many children with special needs. The parents of the other children are being critical. The consultees feel low in self-esteem and inadequate. They don't want to go to work in the morning, and they bring the problems with them when they go home. They are grateful to the consultant that she could come on a short notice because they were almost giving up. After they have shared their agony, they are giving a more varied picture of the boy. The consultant has no hope and feels low, but she gives an advice: to make one of the teachers, primary responsible for the boy so the other ones can work with the rest of the group of children. The next session it has turned and everything is very different. The consultees have followed the advice from the consultant. One of the teachers has paid special attention to the boy and has *approached* him. The boy has calmed down. He can sit by himself and likes to draw. The other teachers have had time for the rest of the children. There are two more consultation sessions, where the change is firmly established. The last time the teachers say that the boy is very clever and they think that he will succeed very well in school "actually, he is like a beaming star."(Case 11)

In the case above, there had been an original approach between the consultees and the boy, but the heavy situation and the constant fights had made the consultees escape into an alienated interaction. The consultant had seen the staff before, and regarded them as competent with high ambition. The theory of the consultant was that the pressures had made the consultees lose their role proficiency. When they were confirmed and attended to they could attend to the boy and approach him.

From alienated to moving freely

The consultee starts with presenting a diffuse picture. When starting to attend to the client an interest is evoked and an approach is possible. In figure 10:8 a case is illustrated that moves from alienated interaction through attention to moving freely between approach and autonomy.

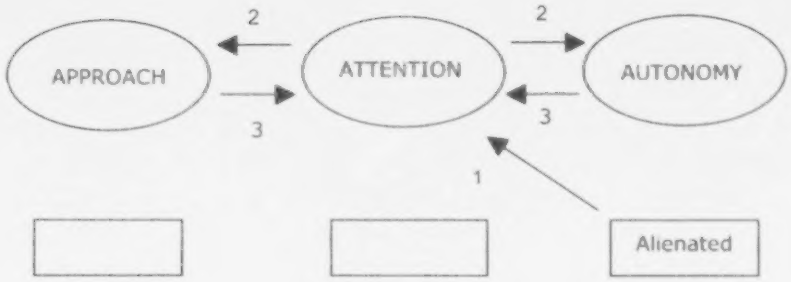

Figure 10:8. Moving from being stuck in alienated through attention to moving freely. A distinct turning.

The case described below illustrates a parallel process between a mother and her child. The first presentation was diffuse, with little information about the child. The representation of the relation was *alienated*; the consultees did not think that they could get any contact with neither the child nor the mother. When the consultees listened *attentively* to the mother she started to talk. The consultees then discovered that she tried to *approach* them, and thus they started to approach her. The consultees were putting the child in their center of *attention* and discovered that he wanted to be confirmed. As a result the relation between the consultees and the child was moving *freely between approach and autonomy* through attention.

> There is a distinct turning in the third session. The consultees give a diffuse picture, mixing the presentation of the child with the presentation of the mother. Both the mother and the child tip on their toes and have a hard time making relations. The consultees start to talk about the child but always end up with his mother. The consultant focuses on the mother, but is unsure if it is right to work with how to reach mother in order to reach the child. The consultant helps the consultees to prepare a talk with the mother. The consultees are convinced that the mother will be quiet all the time. The consultant says: "So let her be quiet! Just wait for her." Third session, there is a turning. The consultees have had a good talk with the mother. They have listened to her and she talked. The boy has changed. He can set

> the table, he can fetch food by himself, and he took milk without asking. He is acting by himself. He has approached the teachers, he takes contact and he has come into their arms. The staff says that they are putting him into their center of attention. They understand that his mother wants contact and that both mother and child want to be confirmed. (Case 15)

The process moved from alienated interaction to approach, through attention, back to attention and to autonomy. The consultant believed that the case turned when the consultees listened to the boy's mother the same way as the consultant had been listening to them. There is one turning in relation to the child's parents and one turning in relation to the child. In this case the two processes are parallel and when there is a turning in relation to mother there is also a turning in relation to the child.

Multiple turnings

Several of the cases reported by the consultees included more than one turning. This was the case with all the weathercock turnings, as they had never been reported had they not ended up in a distinct turning. Figure 10:9. illustrates a multiple turning.

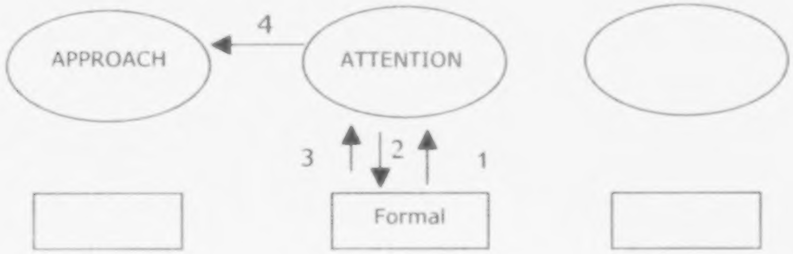

Figure 10:9. A multiple turning.

One example of a weathercock turning that eventually ended in a distinct turning is the case with the little girl whom the consultees thought was having "something peculiar with her body" (p 147). The first turning occurred when the consultees observed the girl, but it was reversed (a weathercock turning), but turned again when the consultees first attended to the girl and then also approached her.

Another type of multiple turning is found when a representation of the case starts in being stuck in one mode of interaction, turns and then gets stuck in another mode of interaction. One consultant reported such a case (Case 12). The consultees were stuck in an alienated interaction with a little boy, two-and-a half years old, described as being mean. The case turned when the consultees started to observe him. When observing the boy, however, the consultees got stuck again, now in a formal interaction, presenting the boy in diagnostic terms. Through consultation and through a lecture about diagnosis, an authentic interest was evoked and the consultees could attend to the boy. They could see that he needed to be close to adults, and then they approached him. This case is illustrated in Figure 10:10.

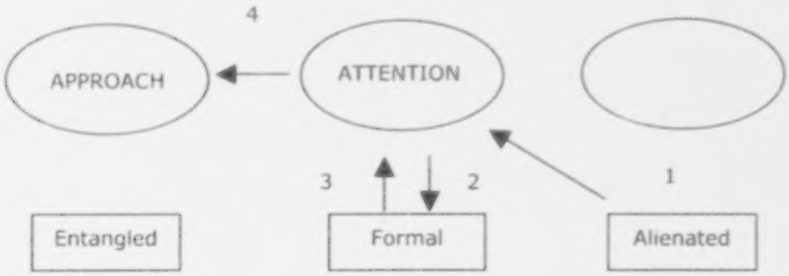

Figure 10:10. Moving from alienated interaction to attention to formal, to attention and to approach.

Multiple turnings also typically appear when the focus of consultation is changed, during the course of the consultation. Actually those multiple turnings may be regarded as one case followed by a new case instead of regarded as a weathercock turning. Changing focus is common when teachers have difficulties in relation to a child's parents. A turning in the consultee's representation of the child is reversed but followed by a *new focus* on the child's parents, and finally there is a distinct turning. *Or*, the process starts with focus on the representation of the interaction with the parents. When that representation has turned there is a new focus on the child. Such cases are different from other weathercock turnings, as the representation is originally stuck in entangled interaction with the parents or with the child. Two such examples are found in the taped cases (case E and case F).

The turnings presented in the category of multiple turnings may be similar to continuous turnings. The distinction, however, is that in a continuous turning there is never a distinct change.

Summing up the process of turnings

A turning means that the consultee is getting back into relation or establishing a new working relation with the client. The following proposals are made about the patterns that have emerged when the reported cases are linked to the emerging model:

1. Independently of where the consultee's representation is stuck the process back to relation with the child is always through attention. To be attentive, listening, observing, present and open to the child is the start of the turning and thus the main objective for the consultation process.
2. Turnings starting from entangled interaction, moves (a) to attention, (b) through attention to autonomy, (c) through attention to moving freely between approach and autonomy.
3. It is enough to move to attention for a turning to come about when the representation of the interaction is stuck in entangled, *and* there is a hidden fight between the consultee and the client (*"magic" turning).*
4. Turnings starting from formal interactions or alienated interactions move through attention to approach before a movement to autonomy is possible.
5. Theme interference reduction is a special case of turning, having similarities with distinct turnings as well as "magic turnings. The original interaction is stuck in a formal relation. The process turns through attention and approach, but the consultee is not aware of the change of the representation. Accordingly unlinking can be seen as a kind of weathercock turning. Figure 10:11 gives a comprehensive illustration of turnings moving from being stuck to relating through attention.

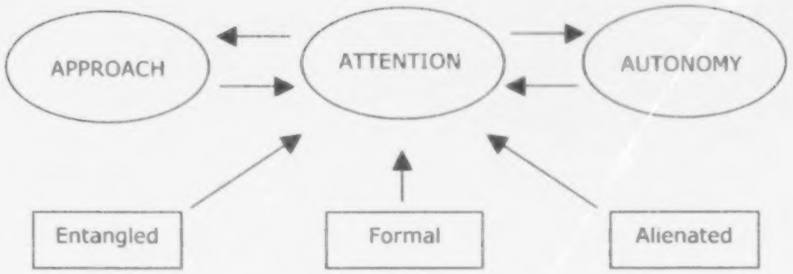

Figure 10:11. Moving from being stuck to relating, through attention

Summary of the fourth part - turnings

This fourth part has explored the relation between the consultee and the client as the consultee presents it in the beginning of the consultation process and as it is presented after, a turning has taken place. It is proposed that the relation between the consultee and the client is oscillating between three different modes of interaction: approach, attention and autonomy. When asking for consultation the consultee is stuck in one of these modes of interactions, in an entangled interaction, a formal interaction or an alienated interaction. When a turning has taken place the consultee has (re) turned into relation, always through the interaction mode of attention. Thus the interaction mode of attention i.e. when the consultee observes, becomes curious and attends to the client is of utmost importance for a turning to take place. Without an interest in the child there will be no change in the representation of the interaction.

PART V

RESULTS: INTERACTION MODES AND TURNING POINTS

Part V consists of chapter eleven to thirteen. In this part the question of *why* there has been a turning in the consultation process, is explored. The interaction between the consultant and the consultee is focused. Chapter eleven presents the concept of turning point: the existence of and the possibility to detect such a point, the consul tee's and the consultant's perception of when and where in the consultation process, the turning is taking place are discussed. Chapter twelve explores and elaborates the interaction in the consultation process between the consultant and the consultee leading up to a turning point and a turning. In chapter 13 a model for this process is proposed and the reported cases and the taped cases are used as illustrations.

Chapter eleven and twelve are mainly based on *conceptual coding*. In chapter thirteen, a pattern becomes apparent through the use of the *theoretical codes* of movement and direction. The final model emerges through *selective coding*.

Chapter 11

IDENTIFYING THE TURNING POINT

The *turning point* is the very moment when the *turning* takes place. It refers to the instant when it happens. A *turning* always follows a *turning point.* Sudden changes not followed by a turning are not labeled turning points in this study. It is, however, difficult to identify such a thing as a turning point. The questions explored in this chapter are:

1. Is it possible to detect only one turning point before the turning?

2. When and where does the turning point occur?

The consultees as well as the consultants were asked to identify turning points in connections with the "taped cases". The consultants also have "reported cases" with turning points. When exploring the consultees' presentations of turning points their own reports are used in combination with the consultants' reports of what the consultees have said.

One of the problems of describing a turning point is that a turning point can only be discovered in retrospect i.e. after a turning has taken place. When asked, the consultants have said that turning points exist, and they have given examples of turning points. When those examples are more closely penetrated, however, there is frequently some hesitation regarding (a) when the turning point occurred and (b) what was the content of the turning point. This is in line with Carlberg's study of turning points in child psychotherapy (1999). He found that the turning point in therapy very readily evaporates when studied closely. Although many therapists had a notion of the existence of a turning point as a phenomenon in therapy, they ran into difficulties when asked to give examples illustrating the phenomenon.

When trying to identify a turning point, the consultants have said things like, "I knew that something happened", "it was like a burning glass", "They stopped and started reflecting". "The consultees discovered something new, they got a hope, an interest and started to think, perhaps we could... Instead of hopelessness there was an action orientation, the consultees were not paralyzed any longer".

In this chapter turning points are described as (a) *a single incident* or (b) a *combination of several incidents*. The localization of the turning point is described (a) *within the consultation session* (b) *outside the consultation session*, (c) in the *connection* between events inside and outside the consultation sessions, (d) *outside the educational setting*.

The consultants were more apt to describe turning points that occurred within the consultation sessions, while the consultees more readily described turning points occurring outside the consultation sessions in relation to the child, or even outside the educational setting.

Turning points as single incidents

Identifying a turning point as one single incident is possible to do according to the reports of the consultants. They refer to what the consultees have said during a consultation session. The turning point as a single statement or a single incident is illustrated below. The consultees have pointed at something the consultant had been talking about during the consultation session.

> We appreciated when you talked about this girl's *ability*, the consultees said */…/* I thought it sounded rather serious – to be mentally retarded. In fact she is, but their attitude towards her changed, even though she had her difficulties. (Consultant 16, Focus group 3:1)

Another consultee told the consultant about the statement which made the difference, that made her understand.

> When you said that this girl didn't expect anything from her teachers then I understood. (Consultant 4. Focus group 1:1)

Turning-points as combinations of incidents

The consultants as well as the consultees have been able to identify one session or the period between two sessions as a turning point, but have given several and different reasons or antecedents to it.

One consultant in a focus group gave an example of a turning point. At that time she had only had one consultation session, but she was convinced that there would be a turning reported in the next consultation session. In the second focus group she reported:

> The turning was confirmed. The turning point was *having to answer the question* "what does he look like?" When the teachers discovered (a) that they didn't know what he looked like, (b) were perceiving the child "as a puma", in combination with the fact that the teachers were able to *discharge their feelings* and talk about how difficult it was to like this child. When they had discharged their feelings they were able to recognize the fact that they didn't know what he really looked like and became eager to "rush out and observe the boy." (Case 16)

For the consultees there were not just one instant or just one cause for a turning. There were many instances and activities that summed up to a turning.

Turning points within the consultation session

The consultants have described turning points as situations where they have been asking a specific question or given an idea or a brief that was startling to the consultees since the consultees discovered new aspects and became action oriented. One consultant described a question:

> I asked them "Does this girl need to have control?" The consultees started to think, it was like they got a pattern of how they could think about her/…/ That is what they told me later, that they had got a new way to think about her in all kinds of situations. (Consultant 5. Focus group 1:1)

The. consultees identified turning points within the consultation session as "when we understood....", or, less prevalent, "when the consultant said".

Turning points outside the consultation session

When the consultants have referred to outside events as turning points they usually have referred to a connection between the outside event and the consultation process. One exception though, is when the consultants have described a change from the client affecting the consultees in such a way that their attitude towards the client has turned as in the example below:

> This boy came from another day care center and he had a difficult time taking a place in the group of children. He was bulling and tried his own way, which had the opposite effect, until one day when all children were out in the woods building a hut. When he tried to join the other children, had sticks and kept fighting with them, until another group of children from another day care-center came along and threatened the hut. Then he could defend the hut with his sticks. Suddenly he was taken to favor and was allowed to join the group. That was a turning for him, and that made it turn for the staff too. (Consultant 17. Focus group 3:1)

The consultees, who have been asked what precedes a turning, have referred to concrete activities in their every day work, with no explicit connection to the consultation process. "We moved his hanger to a more empty space in the hall". "We let just a few of the kids stay indoor, when the other children were playing out doors". "There were just little details, like deciding that she shouldn't have both a fork a spoon and a knife. We decided for her and it worked out very well".

Turning points outside the educational setting

Turning points, completely outside the realm of the teachers have sometimes also been referred to. The consultees have found it hard to identify a special instant as a turning point. "How could we know if it is something connected to the consultation or just a sign of the child's natural development", one consultee said. Some consultees have found it hard to refer to turning points in relation to what they have done themselves. One consultant in a focus group talked about a case that turned, but the teachers explained the change as a result of the weather getting warmer. The other consultants were asked if this was common and added:

> Yes! Or, his mother is feeling better, or he has been staying home being sick for a week. It is like they have difficulties to bring up themselves as agents. It is like it is hard to admit that they have achieved something. (Consultants 15 och 16. Focus group 3:1)

Other explanations in this category are "He has been with his grandmother for a week". "The family has moved closer and he has had vacation." "Spring is here!"

Turning points, connecting events inside and outside the consultation session

The consultants have expressed a belief that many turning points are prepared in the consultation session but appear outside the session in the interaction between the consultee and the client. An example: talks with parents are prepared during a consultation session, but executed by the consultees after the session. A good talk with parents is often seen as a turning point, which is illustrated by the excerpt below:

> The consultees said that they had discovered the boy and started to focus on him and they had improved their contact with his parents. We worked with it a great deal during the consultation sessions. They got encouraged /.../ and their attitude turned and then their attitude towards the child changed too. (Consultant 13. Focus group 3:1)

One consultant, who was told by her consultees that a group of children were playing so nicely, then asked the consultees to observe the playing, as one of the children apparently was an outsider. The consultees returned telling the consultant that these children didn't play. The consultant thought that this discovery was a real turning point, because from that moment on the consultees had started to work with social relations in the playing.

To sum up: So far the conclusion is that even if single incidents often are identified as turning points, it is more common to identify a combination of incidents. The consultants identify turning points within the consultation session, while the consultees tend to refer to incidents outside the consultation session. The consultants as well as the consultees have also identified turning points as a combination of incidents inside and outside the consultation session. Thus it is not possible to explore the turning point without considering the consultation process in its totality. The next chapter will explore the entire process and focus on the interaction between the consultant and the consultee leading up to turnings and turning points.

Chapter 12

MODES OF INTERACTION IN CONSULTATION

In this chapter, the interaction between the consultant and the consultee will be examined and explored. The process leading up to a turning or a turning point, what is it like? Being asked why there had been a turning in the consultation process, *the consultants* either said (a) that the consultees had *calmed down* and regained their proficiency, *or*, on the contrary said (b) that consultees now could see the client with new eyes, had learned something and had a *new perspective*. Likewise the consultants' answers to the question what they had done to contribute to a turning, were easily separated into two apparently opposite categories. On one hand, the consultants said that they were *confirming*, supporting and showing understanding, on the other hand they said that they were giving *new perspectives*.

The interviews and inventories with the *consultees*, confirmed the categories, which appeared in the interviews with the consultants. The consultees also said that the contribution from the consultation was that they had either been *confirmed* and had been able to talk about feelings *or*, that they had been getting *new perspectives* and ideas. There were however also interactions in the consultation process that did not fit into anyone of these categories. Those were *neutral questioning* and answering, giving structure, telling stories, thus making up a category of its own, in between those two opposite poles.

These three different modes of interaction between the consultee and the consultant have been identified and labeled as three paired concepts: *(a) discharge confirm, (b) display-concern* and *(c) discover-challenge.* The first concept in the pair tells what the consultee does and the second one what the consultant does in each mode of interaction. At this point, nothing is said about the initiation of these interactions. When the consultee is discharging, the consultant is confirming and when the consultant is confirming the consultee is discharging, etc. The sub-categories of the modes of interaction are compared to each other using three aspects: (a) *quality* (the dominating affective state), (b) *content* (what is the main focus of the process) and (c) *procedure* (how is the process carried out?)

Aspects of discharge-confirm

The consultant confirms the presentation of the consultee and the consultee discharges her feelings and negative pictures and stories of the problem. The categories and sub-categories that have been discovered in this interaction are presented below, sorted according to the aspects of *qualities, content* and *procedure*, as shown in Table 12:1.

Table 12:1
Quality, content and procedure of discharge-confirm

PROPERTY	DISCHARGE	CONFIRM
QUALITY	Anger Shame Worry Stress Disgust	Empathy Alliance Accepting affects
CONTENT	Negative presentation of child Negative presentation of family Negative presentation of organization	Specific problem Professional methods Professional role
PROCEDURE	Intensity of speech Showing affective arousal	Verbal Nodding Imitation Attuning Verbalizing

The consultee turns to consulting the psychologist because of a problem with a child or a family after having tried for a long time. When discharging she is emotionally involved in the case, affectively aroused, wanting to have a change. She might be angry or worried, often aware of her own negative feelings. One consultee said:

> When we felt how she got on our nerves, we thought that we had to help her instead of being irritated. (Consultee. Case F. Interview)

The consultee wants a change and wants to get rid of negative feelings, saying things like:

> It's good to release ones feelings, both good and bad, without putting guilt on anyone. (Consultee 25c. Inventory)

When the consultee is discharging, the consultant is *confirming*. Confirming is described as showing empathy, accepting feelings and supporting ideas, work-methods, recognizing difficulties with clients or within the organization.

Quality of discharge-confirm

Quality of discharge

Affective arousal and negative feelings characterize discharge. The negative feelings identified as a part of discharge are: *anger, disgust, worry, stress and shame,* as can be seen in the examples below.

Anger

> Ce: I am so *angry* when it is all over, so I can't talk to him. (Consultee 18f. Inventory)

Disgust

> I had a hard time with him from the beginning I couldn't really attach to him. I thought he was somewhat *disgusting*. We talked to the

> consultant about it and told her how we felt. (Consultee. Case E. Interview)

Fear

> Ce: One of the boys has said so many mean things to this girl. We are afraid that other kids are mean to her.
> C: What is she doing when they are mean to her?
> Ce: When the boy says I don't want to sit besides you "yeach". She gets sad. But she doesn't really understand so she just smiles. But some day it will spread around. This boy is like a model for other boys. We are very *afraid* of that.
> C: You are afraid that she will become a victim.
> Ce: Yes that would be horrible.
> (Case E. Tape)

Stress

> She almost had a breakdown between lunch and naptime. Because we are in such a hurry, to change diapers, clean the tables and put out the beds. She couldn't take that. (Consultee. Case E. Tape)

Shame

Discharge may take the form of a confession, when the consultee discloses something that she is *ashamed of*, when she doesn't like what she has been doing, as in the example below.

> C: This boy can't control his anger (repeating what the consultee just said).
> Ce: Once I let him go in the hall and I asked someone else to take over. When this other teacher came I just said, I can't stand this anymore, can you take him over? Before this boy went home we were friends again, but I felt terrible.
> (Case B. Tape)

Quality of confirm

The consultant is confirming by showing empathy, creating a working alliance and accepting feelings.

Empathy

The consultants, as well as the consultees use words as "understanding", "support", and "empathy" to describe the quality of this mode of interaction. One consultee said about the consultant:

> She is using her heart, she can understand even if she isn't in the same place, and she doesn't have so many comments, while we just talk and talk. (Consultee. Case F. Interview)

Support includes not only understanding for the consultee's work situation but also a more general human understanding. This mode of interaction is characterized by the consultant being much more quiet than the consultee. The consultant is open to the presentation of the problem in order to understand. The consultant keeps very close to the story the consultee is telling, without questioning it, siding up with the consultee and trying to understand what the problem is like. The consultant is keeping as close as possible to the presentation of the consultee in order to make the consultee's story almost her own in order to fully grasp it.

Alliance

Closely related to empathy is the creation of a working-alliance. The consultees have expressed the importance of the consultant being a person they have faith in, a person they could talk to. One consultant compared the search for a working-alliance to dancing.

> When they had described this difficult situation, when I really could communicate empathetic understanding, this resulted in a working alliance. (Consultant 5. Focus group 1:1)

Accepting feelings

The consultant accepts the consultee's feelings, realizing that the consultee is presenting what she has to present. The nuances are coming later. One consultee expressed it like this:

> It was such a terrible feeling realizing that I didn't like this child, but the consultant didn't make any faces, or asked, "What do you mean?" That was good. It was accepted to feel what I felt. (Consultee. Case E. Interview)

Content of discharge-confirm

Content of discharge

Negative presentation of client

Negative pictures of the clients characterize discharge. The negative side of the story is enhanced. For example, one boy is so strong and big and hit the doors so violently that he makes marks on them. Another consultee described a girl being so sensitive that there was a big scene as soon as anyone touched her. There is no balance in the descriptions, as illustrated in the examples below:

> He almost occupies the other person. If we have an extra teacher, he takes over. She must do this, sit here, and hold his hand. (Consultee, Case C, Interview)

> They describe a boy who is very dominating. He can't bare the small children, he is harsh and unpredictable and mean. (Consultant 5, Focus group 1:2)

Negative presentation of family

A negative picture of the child's family is often discharged even when the child is the focus of consultation. The relation to the parents may be the major problem. Particularly is that the case when parents don't recognize a problem. The parents believe the child whatever he says or put no limits to the child. In the examples below the negative features of the families are dominating.

> His parents can lie to us right in our faces no one can trust them. (Consultee, Case D, Interview)

> It sounded like the consultees were mostly irritated with his mother. He always blames some one else, he has never done anything, and his mother believes him. (Consultant 1, Focus group 1:2)

Negative presentation of the organization

Even when the focus of the consultation is a case and not the organization, the consultee may discharge negative feelings and aspects in relation to her work situation. There are too many children in the groups, shortage or turnover of staff and very demanding parents.

Content of confirm

The consultant confirms what the consultee presents. Three categories are discernible, *the specific problem, professional methods and professional role.*

Confirming the specific problem

The consultant accepts and recognizes the problem as such, not diminishing, questioning it or neglecting it, as illustrated below.

> It is good to talk to someone who recognizes the problem. (Consultee 43a. Inventory)

> If the consultees are very tired and they have no energy to work it is as if they understand that if there is something-special with this kid, then it is OK to be so exhausted. /.../You can confirm that something is the matter with this kid, and that might be enough as a turning-point. (Consultant 1. Focus group 1:1)

Confirming professional methods

One of the most common answers from the consultees when asked what they were getting out from the consultation process was a *support for the way we are working.* The consultees said things like:

> It was nice to get support for tackling the problem in the right way. (Consultee 1 b. Inventory).

> It was nice to know that we did the right thing. (Consultee 38c. Inventory)

The consultee wants to be confirmed, to hear, that this is exactly what you should do. One consultee described how she got very angry and thought that she had overreacted. When talking to the consultant she felt she had been supported in her anger, and it was

OK to be clear and distinct. The consultants however do not admit that they are confirming, telling the consultees that they are doing the right or wrong thing. One consultant said:

> Sometimes consultees say, that you told us that we did the right thing. However, I never tell them that they are doing the right thing; nevertheless, they experience a confirmation or support. (Consultant 4. Focus group 1:2)

There are several different explanations to this phenomenon: Two obvious are: (a) the consultants are not aware of what they are doing, and (b) the consultees interpret the consultant's word in the way they need. Another possible explanation would be that the consultee is getting a general support in combination with a confirming of her feelings. This support raises the consultees' self-confidence in such a way that she believes she is doing the right thing. She works in the way she has intended to or discovered by herself, as one consultant assumed in the citation below.

> Asked what the consultees thought had happened and what had happened when we met (in consultation) they said, "We got confirmed that we were working in the right direction". They can't explain anymore /.../ But perhaps I told them they didn't need any special tricks, which they may have thought they needed. (Consultant 4. Focus group 1:2)

The consultee knows what to do but needs some positive feedback. The very moment a consultee turns to a consultant, she has started to work. The consultant comes in just at the right time. The consultee feels unsure and needs someone to share her ideas with. But the consultee is the one doing the job.

The consultees have also recognized, that what they were getting was support of self-confidence rather than being told what to do, which is expressed in the excerpt below:

> When the consultant leaves, we don't feel that she told us what to do, but we feel that we are rather good, not just making mistakes. It is like we are leaving the session feeling how good we are and now we should make an effort in this direction. (Consultee. Case C. Interview)

Confirming the professional role

Along with confirming the problem and the work-methods, the consultant may confirm the consultee's professional role reflecting a general attitude of confidence in and respect for the professional work of the consultees in general.

> To give enough space for talking about their irritation about their situation /. / about working with infants, that there is always some one that has to be taken care of. I wanted to support them in finding ways to feel pleased in their professional role as educators. (Consultant. Case F. Interview)

Confirming the professional role of teachers may also include helping the consultee to put limits to her effort, making her feel that she is good enough. One consultee said that she got support to say no, to things she did not think was good. Another consultee said that it was good to hear that we could not do more than we were doing.

Procedure of discharge-confirm

Procedure of discharge

The way the consultee discharges can be described by *intensity of speech* and *affective arousal*.

Intensity of speech

The consultee talks much more than the consultant in a high rate and with an intense voice. This was possible to detect listening to the tapes. The consultees at times talked very fast, interrupting each other and the consultant.

Affective arousal

The general affective arousal is high, whatever feeling is discharged, and the consultee is upset and greatly involved.

Procedure of confirm

The consultant meets the intensity from the consultee in different ways. Four main strategies of confirm have been discovered, *verbal nodding, imitating (verbal, nonverbal), attuning and verbalizing.*

Verbal nodding

It could be heard on the tapes how the consultants gave little noises that communicated understanding. This is a kind of *verbal nodding*. It is like a nodding of the heads underscoring the agreement and understanding. Even if it is not heard, it is easy to imagine how the consultant also nods. The verbal nodding is illustrated in the example below:

> Ce: She just sat there and it became worse and worse and worse and she was ready to cry, and then she started. And I hadn't even asked her if she wanted to eat or anything.
> C: *mmmm mmm.*
> Ce: She just hollows and we try to calm her down, cause she is almost three, saying that can't you tell us what is wrong.
> C: *uhu*
> (Case F. Tape)

Other expressions of verbal nodding are *wow, is that so, really, I understand, that's horrible.* These interventions are just like nodding, encouraging the consultee to go on with her story.

Imitating

Imitation can be *verbal, (repeating),* and *non-verbal.* Listening to the tapes, it can be heard how the consultants put their voices in the same kind of tune as the consultees, adjusting the speed, repeating words or sentences. One way to do this is to repeat the end of the last sentence like:

> Ce: He doesn't talk he listens.
> C: He listens.
> (Case C. Tape)

Another way for the consultant to imitate is to repeat special words or expressions that the consultee is using, like "he is clinging to you", "he is such a heavy child" or "such fake expressions."

Attuning

Attuning is a concept used by Stern (1985). In this context, attuning is used as a way of recognizing feelings and giving feedback in another modality, putting slightly new words to the story of the consultee but expressing the same meaning or feeling. This means not just repeating, but adding something new.

The example below illustrates attuning. The interaction takes place in an infant day-care where the teachers are worried and very irritated by a little girl who is crying all the time. The consultant is tuning in to those feelings and repeating with an unfinished sentence as a question to check if there is a mutual understanding.

> Ce: but it doesn't work, she doesn't say anything. I have never heard that she told us…
> C: She can't express herself?
> (Case F. Tape)

In the next example, the same kind of open-ended questions are found. The consultant is *repeating* something that has been said *in slightly different words*.

> Ce: It is like it is *something else* that makes him mad. When he is supposed to go outside, he gets mad. He doesn't have to become so mad so he looses his control!
> C: The matter isn't really going outside or?
> (Case B. Tape)

In the following example, the consultant shows understanding by *summarizing* what has been said in a short sentence:

> Ce: He is so conscious about what he is doing, sometimes he says: I know that I shouldn't do that. I know that it is wrong to throw a toy-car at somebody else's head.
> C: He can't control his own anger.
> (Case B. Tape)

The consultant uses *slightly different words* than the consultee in order to underscore a feeling and make it clear. One consultee talked about her relation to a parent who made her stop talking about the child.

Ce: she (the mother) doesn't really grasp it.
C: How is that for you?
Ce: It's difficult, because we wanted to say so much more but she stops it. Well then, we say it was nothing more.
C: It is like she makes you shut up.
C: Yes!
(Case F. Tape)

In the example below the consultant grasps that the consultee finds the child odd and different and gives back an understanding of that predicament, without using the expression of the consultee.

C: What does she look like?
Ce: She is fat and redheaded.
C: Well…yes being read-headed is not so common.
(Case E. Tape)

Verbalizing

The consultant puts words to the feelings of the consultees, or picks up other non-verbal expressions, dressing them up in words. After one consultee (Case C) had told the consultant for a long time in a very restrained voice about all the failures she had encountered in relation to helping this child, the consultant said: *You have really tried,* putting words to the consultee's restrained feelings and efforts. In the example below, the consultant catches a *non-verbal aspect*, the rate of speech, verbalizing it.

Ce: She usually says arewegoingtohavacake (very fast)
C: Oh she talks so very fast.
(Case E. Tape)

Summing up: In discharging, the consultee makes a presentation that is close to her inner representations. The affective arousal is high with high pace and no "polite talk". The consultee's own emotions are entangled with the presentation of the case, giving ample space for the relation to the client to appear in the consultation room. The client is presented in negative words. The presentation may be a *distorted picture*, or a *diffuse* picture, more *seldom a diagnostic picture (cf. Chapter 9).* The consultant, when *confirming* is trying to understand the picture that is presented in all its diversity. While doing so the consultant is keeping very close to the picture, that the consultee is presenting, trying to make a replication of it in her own mind in order to understand what is going on. The communication is intense; the consultee is talking much more than the consultant.

Aspects of display-concern

The category of display-concern started out as a left over category including all those interactions that did not fit into *confirm-discharge* or *challenge-discover*, but has proved to be one of the most important categories, without which the turnings and turning points cannot be understood. The sub-categories of *display-concern* are displayed in Table 12:2 sorted according to the codes of quality, content and procedure.

Table 12:2
Quality, content and procedure of the interaction in display-concern

PROPERTY	DISPLAY	CONCERN
QUALITY	Interest and Curiosity Attention	Neutrality Interest and Curiosity Attention
CONTENT	Balanced presentation	Complete picture
PROCEDURE	Reporting Observations Giving report Giving Description Question	Focusing Balancing Investigating Structuring Giving tasks

To be able to sit down and talk with someone *from the outside* who is neutral and objective to the problem, who listens, asks questions and gives her opinions, that is what the consultees were emphasizing over and over again in the inventories and interviews. In display-concern, the consultee is talking and describing, putting her situation to display and the consultant is listening, structuring and being constructive and concerned in relation to the problem.

The very fact that a consultant arrives at a day-care center or school makes it possible for the consultee to focus on one child. It makes it possible to sit down, have time to reflect and talk to her colleagues. The consultee presents descriptions and reports, sometimes in shape of a formal or an informal observation. These reports differ from the ones given in the interaction of *confirm-discharge* by being balanced, neutral or slightly positive in affective arousal. There is not just one side of the story.

The consultant is constructively concerned by showing interest, but being much more neutral in relation to the consultees' presentation, than in *confirm-discharge*.

Quality of display-concern

Quality of display

Characteristic of display is that affective arousal is not very high feelings are neutral or slightly positive. *Interest and curiosity* are the primary feelings. One consultant said:

> Their curiosity was aroused. // Did you notice that during the session or did you think about it afterwards? // No, I noticed it when I sat there, they hadn't been thinking like that before. They had only been tired and sad. (Consultant 8. Focus group 2:1)

Interest is a feeling that enhances the possibility of *attentive* listening, observing, recognizing and accepting. There is an attentive focusing on the problem, as one consultee expressed it:

> I'm sorry to say that we don't have the time at school too day, to ventilate things as much as we need. In consultation, we devote all the time to the problem, that's helpful. (Consultee. Case E. Interview)

Quality of concern

The different aspects of the quality of concern are *neutrality*, *interest/curiosity* and *attention*.

Neutrality

The consultees as well as the consultants, in the interviews, have emphasized the positive effects of consultants coming from the outside, not being involved in the problem. The consultees particularly stressed the point of someone being more “objective”. Thus, they clearly regarded part of the problem to be a “lack of objectivity”. This creates a neutral space for a working alliance between the consultant and the consultee, expressed by one consultee:

> Good to have more perspectives of the problem, someone to toss the problem back and for with, a neutral outsider. (Consultee, 2b. Inventory)

Interest/curiosity

The consultant shows an interest in the problem, is positive and curious. Interest and curiosity are feelings which are contagious (cf. Nathanson, 1992). They are easily taken over by the consultee without her being aware of it. Thus, if the consultant is authentically interested and curious, the consultee may also become curious, as will the consultant when the consultee shows an interest. The contributions from the consultant’s question may have the effect of raising the consultee’s interest and curiosity. One consultee described the attitude of the consultant as:

> We got a listening ear, thought provoking questions, and a never-ending good mood. (Consultee 29a. Inventory)

One consultant addressed the positive vitality:

> I think that the questions are vitalizing. Then you well… laugh sometimes I guess. Unconsciously, it is something you do to vitalize the whole thing. I felt that due to the tape recorder I was more aroused. (Consultant. Case C. Interview)

Attention

With interest may follow an aroused attention to what the consultee is saying and expressing. To attend to the consultee, to be present and listen, is the main quality in concern.

One consultee put it in the following way:

> It has been so easy. The consultant opened up with going through what had happened during this year /.../She has been able to listen /.../ and ask questions like, why do you think that? She has not been stepping on our toes/.../And she has been able to wait for us when we perhaps started with something and when she asked "how did this turn out" then you didn't immediately have to say something clever. (Consultee. Case E. Interview)

Content of display-concern

Content of display

Balanced presentation

The consultee gives reports or descriptions of the child, the child's family or her work situation, that are balanced with both negative and positive features. The description of the child is much more complete and complex, compared to the presentation in *discharge*. If there is a negative description, there is also a positive one, sometimes in the same sentence, sometimes one teacher adding a positive comment to another teacher's negative description. One consultee gave the following balanced description:

> Previously he got angry now and then, but during the fall, it has accelerated. His father says that he is fighting with his sisters. He is a long desired child. And then this divorce, there are a lot of thing /.../ He was such a nice boy. Everyone liked him, a real charm. And then it just turned the other way around. It is nice to be with him/.../ Sometimes he is so good, he stays with the grown ups in the kitchen/.../ He likes to go for a walk he likes to bake, to paint and to grow plants. (Consultee. Case B. Tape)

Content of concern

The consultant is concerned, caring about all the aspects of the case in order to get a full story and a *complete picture*. Contrary to the case in *confirm* the consultant is listening for all the aspects not only siding up with the story of the consultee. The consultant is asking questions to arrive at a more varied picture of the client.

Procedure of display-concern

Procedure of display

The consultee reports *observations, descriptions or stories* she has heard or she may *ask questions.*

Observations

Observations may be formal or informal. *Formal observations* are those when the consultee plans her observation, pulls back from the group of children, in order to be able to write down what the child is doing during a certain period of time. This is part of the state of attention in relation to the client described in the first part. Reporting those observations in consultation allow for more of neutrality or a "looking distance" in relation to the child. When reporting the observations in the consultation session the other consultees and the consultant are attentively listening, making this into a new event of observation. Even if there are no formal observations the consultation session may be a situation similar to an observational situation, when the consultees report informal observations. It is a free space, a time out, when they may listen, observe and be attentive to each other's reports without a pressure of acting. The excerpt below is a formal observation reported by a consultee, in a consultation session.

> Ce: I can read the observations. The girl is sitting in a sand-case besides a two-and-a-half-year old, making sand-cakes. She says "look how nice!" looking at the other child. (Consultee. Case E. Tape)

Some observations are written down afterwards, after the actual observation and are thus more similar to *informal observations,* such as the consultee tells out of her memory, like in the excerpt below:

> We started to *really listen to* what she said. She looses a word, she really wants to say, but she can't get to it. She was going to tell us

> about how somebody gave her a pat on her cheek and she didn't remember "pat" so she always starts to stutter and says oh he oh he was kind (Consultee. Case E. Interview)

The very process of making observations makes a difference. When the consultee is over involved, making observations is a way to become more objective. One consultant in a focus group said that when the consultees started to make observations, they became curious, and they paid attention to this child and then something happened. They have a task as professionals to observe, and that task helps them to keep in touch and relate to the child.

The consultee also gives reports that she has heard other people give. Reports may contain stories from other day-care centers or schools where the child has been, something the child's parents have been telling, something other educators have experienced in relation to the child or something they just "have heard".

Descriptions

The consultee describes the child or the child's family, not from a recent observation, but as she remembers. It is usually a mix of what she has observed, experienced and heard other people say. She is actually presenting her representation of the case.

Descriptions are more generalized than observations. The consultee may start out with an informal observation, but soon continue to say things about the child's general behavior. This is illustrated below:

> When we are about to go out-doors, she is sitting on the bench with her clothes. We have to tell her. I don't know what she is doing she just sits there with her clothes. /.../ When you have told her a couple of times then she may get dressed/.../She is very nice to the little ones, she understands. If they are rough, she would never give back, no, she is sweet, and she likes the little ones. We were talking about that it is no wonder she has these sounds like her mother /.../ and then she hasn't had so many playmates. (Consultee. Case E. Tape)

Asking question

The consultees ask questions to the consultant or to the other consultees, in order to get information or to structure the situation.

Procedure of concern

Five different procedures of concern were identified: *Focusing,, balancing, investigating, structuring* and *giving tasks*.

Focusing

The consultant helps the consultee by focusing and pointing at certain aspects. One consultee expressed it in the following way:

> To sit down and ventilate, *pointing* at something," but look there ", something we hadn't thought of, and then we don't need anything more than that little thing for the time being. (Consultee. Case C. Interview)

The consultant attends to the problem by focusing the child, not the teachers. This strategy is a way of avoiding putting guilt or extra burdens on the consultee. Focusing on the child may help the consultee regaining her proficiency when she is in a crisis situation. One way to survive professionally when the organization is in crisis is to focus on client work, as one consultant said:

> The consultees may have the feeling: "What is going to happen now? Do we have to uncover all our failures?" But when the method so clearly focus on the child and the child's difficulties I think that makes them relieved. (Consultant 17. Focus group 3:1)

Deciding the focus of the consultation is a joint task between the consultant and the consultee. The consultants have stressed the importance of the focus. If the focus constantly changes between different children, and between one child and a group of children, it is difficult to see any turnings.

Investigation

There are several different purposes for the consultant to ask questions, other than the obvious to gain information. Some examples of questions asked by one consultant are given below.

> How old is he? This kind of temper tantrums, are they more common now? Can he tell you what the matter is? What kind of contact does he want, physical, verbal or? What is his contact like with other children? What does he look like? (Consultant. Case B, Tape)

One purpose of asking questions is to make up a plausible picture of the problem. The asking of the questions contributes to a more comprehensive picture of the client. The consultee opens her eyes for her own presentation, while describing the client. One consultant said that the consultee is bringing the picture she has inside. This picture is also a joint picture that may develop among the consultees and among the consultees and the consultant in the process of consultation.

Another purpose of asking questions is "to keep the process going" (C.f. Stern *et al.* 1998). The consultants in the focus groups often referred to the question guide they used, (Guvå, 1989). One of the consultants said that the timing of those questions is a way of keeping the process going.

> I think we push the process forward by the questions. When teachers are alone they are stuck in one question and go over it again and again. But when we get in we pull, to get something started. The questioning in it self is a process. (Consultant 15. Focus group 3:1)

Also, the consultees regarded the investigation as a way of focusing and pushing the process forward.

> The consultant unwinds the most important issues with her questions. (Consultee 19a. Inventory)

Knowing too much ahead of time creates a problem for the consultant, when she is going to ask questions. One consultant (Case A) had worked with the same case once before, which she did not realize until she arrived at the center, and the consultees expected her to know the case. In the interview she commented, that being "someone who knows" made a hindrance as she was prevented from asking all the questions she wanted to do, to "get the process going".

Balancing

When balancing, the consultant gives two sides of a phenomenon at the same time. The consultant for example verbalizes what the consultee has said, putting it into a context.

> C: It sounds like he is a charming boy, one you want to socialize with. It is almost like you are describing two different children. (Consultant. Case B. Tape)

This verbalized balancing has quite a different quality to it compared to the verbalizing described in *confirm-discharge*. This difference is easily recognized listening to the tape. Verbalizing in confirm discharge means putting words to, filling in translating. The verbalizing in constructive concern is given in a context. The consultants have said things like:

> You have told me about the difficulties with this girl, but also that you will try to work with it. That is something that is positive for her parents to hear. (Consultant. Case F. Tape)

The consultant in the excerpt below balanced the history of the consultees and gave them a possibility to pay attention to their own story. The consultees had been describing how they had to hold a boy and could not let go because he would hurt other children. At the same time, they felt bad about holding him when he was struggling to be free. The consultant said:

> You can't lead him into something else, and you can't let him go. It sounds like it ends well. Instead of having him rushing away and turning chairs upside down. Even if you are feeling awful, f he can't control himself you have to control him. (Consultant. Case B. Tape)

A special kind of balancing is the *normalizing, or dediagnosing*. The consultant asks questions like, "what would you have done had it been another girl?" The consultant is not rejecting a diagnosis or a deficit, but is emphasizing what is normal, and how would one behave if this feature would be seen as an aspect of normal behavior. One consultant described this kind of balancing:

> I think I took away what was sick. The consultees started to think that it was something they could handle, they had been afraid that she had delusions and that it was something psychiatric that they didn't understand and that was far above their domains. (Consultant 4. Focus group 1:1)

Structuring

The consultant gives a structure to the content, an explanation or a summary, as expressed below:

> The case had turned and I didn't think I had done so much, just sorted out, listened and done some sorting. (Consultant 16. Focus group 3:1)

> It is good to have someone who sort facts and advices about relationship. (Consultee, 30a. Inventory)

The consultant can help the process by focusing on the main theme, which is illustrated in the example below:

> The consultant has been very clever in referring back to where we were. We could ask her, what did we say. Then she has given us a hint so we could find the loose end again. (Consultee. Case F. Interview)

Structuring also means emphasizing limits. What is the responsibility of an educational setting, and what responsibilities belong to parents, social agencies etc. Realizing ones own limits makes it easier to focus on the task. Regarding a family with huge social problems one consultant asked the consultee, "What is *your* mission in this?"

Giving tasks

The purpose of giving the consultee a task implying observations is twofold, (a) to get substance in the consultation session (b) to create a situation of relaxed and curious attention concerning the child.

> The consultees said that they were going to actively observe how he was playing. /.../ I imagined that observing would make them pay attention to him. (Consultant. Case C. Interview)

There are general observations or observations of special occasions. One consultant had a case; the consultees were very upset about a little girl who cried all the time. They were entangled being very upset and tired. The consultant asked them to make observations:

> I didn't do any exceptions; I dared to stay with it. I actually asked them to try to look at her and her sadness, observe it, to see if there were any variations in her sadness. I think that made them a little curious. (Consultant 8. Focus group 2:1)

Any situations can be used as an observational situation. In one case (Case F), a parent meeting was coming up a couple of days after the first consultation session. When the consultees asked how to structure the meeting the consultant said that it seemed like there were many things they didn't know yet. For example, they didn't know how the child's parents were reasoning about moving the child, perhaps they should try to figure this out and listen very carefully, to what her parents had to say. The consultant was helping the consultees to make the meeting to a kind of observational situation in order for the consultees to take a stance of presence, attention and curiosity towards the parents.

Typically, the consultant asks the consultee to try out what has been talked about in the consultation session and to observe what will happen:

> For the next session, try to test some of the things we have talked about. It may be different for different persons. Look at those special occasions what is actually going on? (Consultant. Case B. Tape)

Summing up the interaction mode of display - concern

Concern-display is characterized by attention from all parties. Strong feelings are not interfering. The consultant and the consultee attend to the presentations by observing, focusing, looking and paying attention to. The consultee is getting a "looking distance" to her own presentation. The consultant showing interest and curiosity, gives back a balanced picture, of what she has heard which makes it possible to "free-wheel". The consultee becomes aware of exaggerations and distortions in her presentations. This awareness is sometimes spelled out, mostly not.

Aspects of discover-challenge

Discovering new perspectives is the most prevalent answer to the question of what the consultees believed they had profited from the consultation process, expressed in terms of seeing with different eyes, from a new angel or more from the outside. The consultant uses her outside position to enter new perspectives, challenging the view of the consultee. The sub-categories of discover-challenge are displayed in Table 12 sorted according to the codes of quality, content and procedure.

Table 12:3

Quality, content and procedure of the interaction in discover-challenge

PROPERTY	DISCOVER	CHALLENGE
QUALITY	Joy Surprise Shame	Good-enough distance
CONTENT	Discover new perspectives Discover role involvement Action orientation	New perspectives
PROCEDURE	Flash of insight Reported action in practice Reflection	Metaphors and Pictures Interpretation Confrontation Advice

Through flashes of insight and actions in practice, the consultee discovers new perspectives, role involvement and new action orientations, experiencing different kind of positive and negative feelings. The consultees used the word discover to identify this process:

> The consultant let us discover the solutions of the problem ourselves. (Consultee 10c. Inventory)

> We see the problem in a different way. More from the outside, we discover solutions and reason ourselves as we are talking. (Consultee13b. Inventory)

The consultant *challenges* the original presentation and representation of the problem being *autonomous* to the story told, giving *new perspectives* by giving *metaphors*, *interpretations*, *confrontations* and *advice*.

Quality of discover-challenge

Quality of discover

The consultees' affective arousal runs from low to medium high with neutral and positive feelings like *curiosity*, *joy* and *surprise*. *Shame* may be present when the consultee in the light of new discoveries becomes aware of her prior role involvement, which she now may consider negative. As a consequence sadness may also appear.

Curiosity

The consultee and the consultant often share a positive affective arousal. It is a joint interest, exemplified by the excerpts below:

> We get help to see the problems with new eyes. *We get a kick*! (Consultee 8 e. Inventory)

> They communicated a hope to me. I thought that his is fun, these teachers are aware of what they are doing, (Consultant 6. Focus group 2:1)

Joy

Laughter is a common and important phenomenon in the consultation process (making a problem for the researcher when listening to the tapes, as they sometimes appear very sudden and loud). The consultees as well as the consultants emphasized the enjoyment of the process, which is shown in the two excerpts below:

> I have participated in many consultations and it has been very useful. I have learned a lot. Also it is *nice and lots of fun*. (Consultee 3a. Inventory)

> This second time it started out with the same high temperature as last time but before we ended *we were joking* and the consultees were much more playful and relaxed. (Consultant 5. Focus group 1:2)

The consultee *talks* about angry feelings, recognizing them and allowing them to exist but there are not angry feelings coming up, as is the situation in *discharge*. The atmosphere is playful and gay. Feeling angry is not typical for challenge-discover, instead it is possible to joke about angry feelings and awful fantasies about what the consultee actually had in mind regarding a difficult child.

Surprise

The consultee get surprised when they are reporting their observations and for example suddenly discovering a much more competent child than they had had in mind. The consultee may also get surprised when the consultant is not saying what they expect her to, when she is giving them a quite new perspective.

Shame

There are also negative feelings coming up during challenge-discover, when the consultee is reflecting, such as *shame* and *sadness*, exemplified by the excerpts below:

> The consultees can have rather ambivalent feelings in relation to what they have done before, well be *ashamed* for /.../These sudden turning points I think we have to handle them very carefully. The consultees may think that: Wasn't it worse than that, and we thought /.../and what did we do? As consultants, we have to be careful so they feel they can make an effort and handle the problem. (Consultant 5. Focus group 1:1)

Also, shameful reactions maybe treated with a sense of humor. When the consultee is able to joke about her own reactions and involvement it is less harmful to recognize it, like in the excerpt below:

> It is hard to hold somebody with physical power. I have to keep my fingers away, put my legs over his. He screams, "Stop it hurts". And then he pinches me/..../ I'm lucky that no one can see it. /Laughing. / Just think of the orphanages in Rumania where they tie the children. Just think of it "inside a Swedish child day-care"/.../How horrible it must look for the other children. (Consultee. Case B. Tape)

Quality of challenge

Good-enough distance

When challenging the story of the consultee, the consultant works with the *distance* to what the consultee is saying and thinking. One consultant said that the balance is to be so close that the consultee almost had taken it by herself. The consultant answers, twists the words a little and tries something different. It is a power in a different thought if it is not too far away from the thinking of the consultee, if it is that is too much pulling. If the thoughts, plans and ideas of the consultant are too distant, there will be no discovery. The consultant creates a distance that is "good enough", not challenging more than the consultee can take.

Three different consultants in the excerpts below gave examples of (a) when the consultant is challenging too much, (b) when the consultant wants to challenge more than she feels is possible and (c) when the consultant's challenge is taken by the consultees.

> It was like they pulled back. My memory is that I emphasized a little *too much*. (Consultant. Case C. Interview)

> I couldn't work with what the child arouse in them, I could instinctively feel that it was *impossible*. (Consultant 16. Focus group 3.1)

> In those cases, I can see that next time when I come it will be different because, *they can take* what I am saying. They work with it in their minds, looking at each other. Then they go back to discharge again, but I can feel that this is something. (Consultant 13. Focus group 3:1)

The last excerpt is an example of timing, when the challenge is just right. There are times when the consultant tries to challenge over and over again with no discovery as a result and then, suddenly there is a challenge-discovery interaction. This sudden shift is explored in Chapter 16. At this point, an example is given to illustrate this phenomenon.

> These consultees had always answered me that we don't do it that way, for example, we don't have circle-time. Always when I had approached it (their educational planning) it had been impossible, but now it wasn't impossible for some reason. (Consultant 2. Focus group 1:2.)

Content of discover-challenge

Content of discover

The consultee is discovering new perspectives of the problem and her own role involvement in the case.

New perspective

The consultee discovers new aspects of the client, the relation to the client, how she is handling the client or the over-all situation. The consultees used the word new perspective describing what they gained from consultation.

> The consultees say that they see different things; instead of lots of conflicts, they can see his abilities. (Consultant 3. Focus group 1:1)

In the example below, the consultant challenges the representation of the consultee by proposing another way of thinking that would lead to another action orientation.

> This boy was in conflict with other children all the time. His care provider told me that those short periods when he was playing nicely, she was thinking: "Well now when he is playing nicely, then I shouldn't disturb", hoping that he would continue to play, even though she knew that it wouldn't last very long. We were talking about it in consultation and I said: "Well that's one way of thinking. Another way of thinking is –"Now he is playing nicely, then it will soon turn into a mess, what should I do now? Perhaps I should be there." And next time that was exactly what she had tried. (Consultant 3. Focus group 1:1)

The discoveries made, when focusing one child, may transfer and be useful in respect to other children, as expressed by one consultee:

> A case discussed with the consultant gives useful experiences, which makes it easier to think in other ways than before when it comes to other similar cases. (Consultee 34c. Inventory)

Role involvement

Discovering role involvement means that the consultee detects her own role in the drama with a client. That is when the consultee realizes that she is the one who is able to contribute to the solving of the problem and to help the client. Discovering role involvement means seeing something new in relation to the child or ones own way of handling the child. There is a switch from asking someone else to solve the problem to an understanding of what the consultee can do herself.

Even when the consultee is not explaining a change in terms of what she has done, this does not imply that she is not *aware of* her own action. Becoming aware of how ones efforts are helping a child makes one, simultaneously, aware of what has been missed in helping him before. This may be an awareness that the consultee wants to keep to herself.

When one consultee becomes aware of her role involvement, this does not imply that all the consultees are aware. When one person becomes aware of her possibilities and changes something in her relation to the child, that child may change in such a way that the other consultees discover the change. Everybody does not have the same kind of discovery. One consultant in a focus group described the teacher's discovery of their role involvement:

> When the consultees participate and not only regard it as a child with a problem. Through consultation, they get another view of their own role. Even if they don't see it, they think differently, well it so clear that it is the relation that is the vital part. (Consultant 12. Focus group 2:1)

Another consultant said:

> In many of my cases, I think that is the way it was. Many different thoughts have been brought up about how to look at the problem. Getting a wider perspective on how to handle it. The teachers get a feeling that they can do something. It becomes an inner locus of control, instead of trusting some one else to do it. (Consultant 11. Focus group 2:1)

With the consultee's recognition of her own contribution, there may be some shameful reactions. This is exemplified below:

> It was such a clear picture and I felt that someone nodded and started to reflect over the girl, and they understood that they hadn't been so pleasant to her. (Consultant 6. Focus group 2:1)

Content of challenge

The consultant is challenging the consultee's original presentation of the case, by giving new pictures that are far away from the original one. The consultant is now free to use her associations, knowledge and experience and present those to the consultee.

Presenting another perspective

The consultant feels free to give other perspectives than those of the consultee, instead of trying to take the perspective of the consultee as in the *discharge-confirm* interaction. This combination of giving understanding in *discharge-confirm* and twisting the description in *discover-challenge* is the bases for the movement in the consultation process. The new perspective may be another way of perceiving what is going on, as in the excerpt below:

> The consultees felt terrible, were they really allowed doing this? And I said that I thought that he found it rather relieving when there are grown ups that are stronger than he is, who can hold him. He doesn't really want to behave like this. (Consultant. Case B. Interview)

One way of giving a new perspective is by asking: "What would you have done, had it been a younger child?" For example, thinking of a six-year-old behaving like a two-year old in some aspects.

Procedure of discover-challenge

Procedure of discover

Reflection

Reflection is one of the activities that separate this mode of interaction from the other modes of interaction. The consultee is not just giving reports, displaying pictures and stories, she is also reflecting, giving ideas, having second thoughts, thinking aloud, asking questions to the other consultees and to herself.

> She is telling me about the successful situations. /.../ But she is doing it in a thoughtful manner, not just to display. She is reflecting. (Consultant. Case B. Interview)

> They often get thoughtful and they bring up their own reflections and say: "That's exactly like another child" turning to one of the other teachers: "Did you think about that too?" (Consultant. Case E. Interview)

The care provider, mentioned above (p.192) who started to think in a different way about the boy who was able to play only for a short while without fighting, discovered when staying with the boy, while he was playing calmly, that her presence made him stay calm. This discovery was later the basis for new reflections in consultation about new actions and strategies.

Flash of insight

The flash of sudden insight is a new discovery. Suddenly the consultee gets new ideas or sees new perspectives, when the consultant challenges her presentation. The consultee says things like "then I understood" or "that is when the dime slipped in". One consultee said:

> We have got an eye-opener in each session. We have got help just by the thoughts we have ourselves. (Consultee Case F. Interview)

Action report

The interaction in discover-challenge is work oriented and action oriented attempts to find new ways to handle the problem. The consultee gives reports from actions in practice and reflects on these situations. These reports are different from reports given in other modes of interaction. Reports in *discover* are given because the consultee wants to tell the consultant that she has discovered something new, or that she is reflecting on the presented situation. It is not just telling a story or displaying a picture.

Below is an example where the consultant and the consultees were mainly involved in discharge-confirm during the first session but switched to discover-challenge in the second session.

> The first session was very heavy, and the involved teacher found it very heavy "What can be done?" The second session /.../ the teacher was very work-oriented, and it sounded like all of them were. (Consultant. Case F. Interview)

Many discoveries reported to the consultant have taken place in practice in interaction with the client. The excerpt below illustrates how a consultee told the consultant about a dilemma and the way they had solved it:

> The girl was sitting on one toilet and couldn't pee so she wanted to try the other toilet and nothing happened there, and this teacher went with her. So I (the consultee) said: "If nothing is coming, just don't bother." She can't run us like that. At home, she was on the toilet and if her mother came, she would cry for her daddy, who was in the garage. So we decided that all of us in the day care center would do

> handle her in the same way to help her with that. (Consultee. Case F. Interview)

An observation often precedes *discovery in action*, as the example below illustrates:

> We discovered that there were just lots of sounds /.../ But she didn't talk. We all thought that she talked, because she was so happy and we got the feeling that she was communicating, but then *when we started to listen* to what she said, we didn't understand. (Consultee. Case E. Interview)

In consultation, the dialogue precedes *discovery in action*. The consultee tries out with the client what she has been talking to the consultant about. When she acts in a different way towards the client, the client answers in a different way and the consultee discovers something new about the client and about their relation.

> In consultation, we talked about how we could help him to play. We tried to have him in a little group. We structured our activities. /.../ We let some of the kids stay indoors when everybody else was playing out-doors, even though the other kids complained. (Consultee. Case B. Interview)

Procedure of challenge

Questioning

There are different ways to ask questions with different purposes in the different modes of interaction. In *challenge-discover*, the questions are used to question aspects of the original presentation in order to make new discoveries possible. (In *discharge-confirm*, questions are used to facilitate discharge and to convey understanding and in *display-concern*, questions are used to construct a picture with nuances.) The questions create new patterns of thoughts, which the consultee may have had before, but which are new in this situation. Questions about contact initiate reflection but used in other modes of interaction, these questions may be threatening. One consultant asked:

> C: Does she choose anyone special to go to?

> Ce1: I have always had the feeling that she may go to anybody, but perhaps she comes to me.
> Ce2: Yes she does, she doesn't come to me very often.
> Ce1: Well yes perhaps to me or to Ce3.
> (Case E. Tape)

One consultant asked a question that was challenging the way the consultees were presenting the boy. The boy was presented as someone who was being obstinate, wanting to have power and test limits. One of the teachers, after having had a conflict, told him that she was not going to bother with him anymore and told him to stay where he was. She described how he was following her with his eyes.

> C: You may wonder what he wants, looking at you in that way?
> Ce1: He wants to have attention. He wants everything all the time. He is the youngest one. /.../ I'm sure that he gets anything he wants.
> Ce2: But, does he really get so much? He is the first one to be in the center in the morning and the last to leave in the evening.
> (Case B. Tape)

The first consultee in the case above does not take the challenge, but while she is talking, another consultee starts to reflect.

There are certain questions that several of the consultants referred to will lead to discoveries, as for example: "What does he look like?" "What would you have done had it been another child?"

Metaphors and pictures

The consultant as well as the consultee use metaphors in their communication. The consultant picks up words or symbols that the consultee is using in order to challenge the way the consultee is acting and thereby introduces new ways. By giving new metaphors, the consultant challenges the consultee's original picture and makes new discoveries possible. In the example below, the consultees had been describing a boy who constantly disappears. The consultees gave an example when he was out in the hall, climbing and hanging in the hangers. The consultant picked up the concept of hanging.

> I asked the teachers: "Is he hanging in the air?" /.../ Perhaps we should swing him a little." /.../ Then we could approach those

> provoking situations. I also said that I didn't believe that he could get started by him self; he is just hanging dangling. And what you see is that he doesn't know what he is doing. It looks like he is devilling but he is just hanging. They were stimulated and thought that perhaps he wasn't manipulating. (Consultant 5. Focus group 1:2)

Another consultant talked about a little girl who used to sit in a laundry basket. The consultant said that she was getting a picture of a turtle needing a shell to protect her. The interest from the consultees was aroused. The girl wasn't just a dull kid. She was someone who needed protection.

The consultant may also use paper and pencil to give back pictures to the consultee. One consultant drew a picture of the self-image of a child based on the consultees' descriptions of him. The consultant illustrated in her drawing the need for the child to develop a positive self-image instead of very negative one. The consultant noticed that the consultees were astonished and quite taken by the picture drawn.

One consultant was drawing and also showed with her body, which had an effect:

> They were talking about him creeping under their skin, how heavy it was and how he got on their nerves. We were talking about how that can make you feel. As if you want to push him far away, and then I drew a long line and showed with my hand. And then they jumped. (Consultant. Case C. Interview)

Interpreting

By interpreting is meant a verbal statement or description of a process in the consultation session that the consultee does not seem to be aware of. This category would not have been included in this study had it not been for the consultants with organizational consultation background. There are only few other consultants in this study using the word interpretation, a fact that would be interesting to explore further. It could be one important feature differentiating between different traditions of consultation. An example of an interpretation is given below.

> At that point, I played my last card and made a group interpretation. I said "One picture of this is that you are subject to dark forces bringing you back to the 70s, forces that might even be dangerous to you". (Consultant 7. Focus group 2:1)

Confrontation

The consultant confronts by giving back a contradiction that the consultee has made, asking the consultee how she would solve this contradiction. Offering a way of thinking that is in conflict with what the consultee has proposed is also a confrontation. The intention of confrontation is to challenge the view of the consultee. An example:

> I was asking some questions about the suspicion that this might be a mother with alcohol-problems. I was pointing at the fact that they were complaining about the bad relation between the girl and her mother and also the fact that they were complaining about the girl not being in her home more, in this bad relation. (Consultant 1. Focus group 1:1)

Advice

The consultants did not talk about giving advice. When they mentioned the word it was usually with a negative connotation, like something you shouldn't do as a consultant. One consultant said, that she did not get the same kind of results when she had been working supportive and giving advice as she does now, not giving advice. The negative attitude towards giving advice is illustrated in the excerpt below:

> I guess I am more skilled now, keeping cool, not starting to give advice, which I perhaps did in the beginning when I couldn't get the process going. (Consultant 16. Focus group 3:1)

The consultees, however, favor advice saying that they have obtained a great deal of good advice, like the consultee in the example below:

> To talk with someone from the outside, get feedback on our ideas, and get good advice gives a positive feeling and a desire to continue to

> handle the problem. New experiences and advice are quite useful. (Consultee 20c. Inventory)

Consultees are also negative when they think that they haven't received ideas and concrete advice. There are many reasons for the difference in opinion about giving advice except for the obvious fact that the consultants don't always know what they are doing, whether they actually give advice or not. This difference in outlook is attended to in Chapter 16.

Summing up discover-challenge

The distance to the original presentation allows new possibilities and different pictures to appear. The consultee discovers the difference between her original presentation and her representation of it and finds other ways to relate, which are far from her original representation. It is possible for the consultant to come with suggestions and ideas challenging the original presentation. The interactive communication is often joyful and autonomous in relation to the original presentation.

Chapter 13

MOVING BETWEEN THE MODES OF INTERACTION

Movements in the consultation process

In this chapter a model for the consultation process is proposed and the concept of the turning point is explored as a part of this model. The consultation process is conceptualized, using the theoretical codes of *direction, movement, closeness and distance,* to relate the concepts to each other.

In the excerpt below a consultee gives a summary of her experience of a consultation process. In this process the three modes of interaction described in chapter 12 (a) *discharge-confirm* (b) *display-concern and* (c) *discover-challenge* are represented, the outcome being a movement in relation to the child.

> When we are sitting with someone from the *outside*, we get *confirmed*, that what we are doing is fine, *or we get some new ideas*. We *open our eyes*, when we start to talk with the consultant. The case *turns* and we start to see it *from a different angel*. Then, perhaps we *relate* to him in a completely different way, we are *not as irritated* ourselves. /…/ We also get to talk to each other, recognizing that we all feel the same. We don't have the time to talk about these things every day. (Consultee. Case B. Interview*)*

In the excerpt above, the consultee actually has given a report of how the consultee's presentations and representations move in the three modes of interaction. The consultees are confirmed in *discharge-confirm*, get their eyes opened in *display-concern* and finally arrive at getting new ideas and seeing from a new perspective in *discover-challenge*. Similarly in the excerpt below, the process is described as moving through the three different modes of interaction.

> It is this telling of situations (*display*). The consultant has another view (*challenge*). She says what do you think. (*Concern)* She makes us feel that we did the job (joint *discovery*) and makes us understand what so good about it (*confirm*). She asks, "Why did you do it? Why did it turn out so well? (*concern*). This kind of aspects we don't reflect upon ourselves. Coming from the outside (*attention*) not being a part of our agency, the consultant has another perspective (*challenge*). It is hard for us when we are talking between us to *discover* a new method or what to do. It is easier just to stand there and do things the way they have always been done (*stuck*). When she comes – just a couple of words that's enough. (Consultee. Case C. Interview)

The excerpt above shows how the interaction in the consultation process oscillates back and forth between the three modes of interaction. It is not just a process moving from the left to the right. It is moving back and forth when presentations and representations are triggered to move and eventually turn.

The theoretical codes of *movement* and *direction (closeness-distance)* will now be used to relate the concepts previously described to create a model of the consultation process.

The characteristic feature of the mode of interaction in *discharge-confirm* is the *closeness* to the presentation of the problem. The consultee is very involved, and the consultant is trying to keep as close as possible to the consultee's presentation in order to understand the story. It is an approach from all parties. This is labeled the *mode of approach*.

The characteristic feature of the mode of interaction in *display-concern* is the professional use and neutrality of *distance and closeness* to the presented problem. There is an attentive focus on the presented problem. Affective arousal is low, interest and curiosity being the dominant feelings. The emotional involvement is not obscuring the case. The consultee is able to see her own way of describing the case. The consultee gets a "looking distance" to her own presentation and the consultant is able to conceive a total picture of the problem. From *display-concern* it is possible to move in two directions either approaching or moving away. Display-concern is labeled *the mode of attention*.

The characteristic feature of the *discover-challenge* interaction is *distance* towards the originally presented problem. There are new discoveries, propositions and action orientation leading far away from the first presentation. The presentations and representations are autonomous in relation to the first presented problem. The discover-challenge interaction is labeled the *mode of autonomy*.

Described above is a process oscillating between approach and autonomy towards the original problem. Consequently, it is possible to use the same model for interaction between the consultant and the consultee as for the interaction between the consultee and the client. The process starts in approach or attention and then moves back and forth (as illustrated in Figure 13:1).

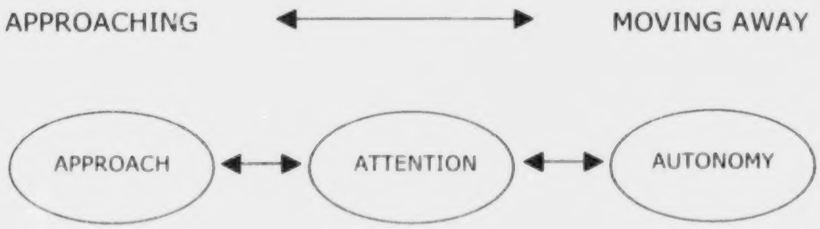

Figure 13:1. The interaction between the consultant and the consultee.

In the interaction between the *consultee* and the *client* (as discussed in the first part), the process turns when the consultee really gets interested in the client without being overly emotionally involved. From attention the consultee could either approach or move away from the client. It was concluded that the main objective of the consultation process is that the consultee arrives at the interaction mode of attention in relation to the client. It is now proposed that the interaction process between the *consultant* and the *consultee* moving back and forth between approaching and moving away from the original presented problem enhances the consultee's arrival at the attentive mode in relation to the client.

Turning points in the consultation process

Below two case examples illustrate the consultation processes, one starting from approach the other from attention. No cases were found starting in autonomy. Both cases were reported as cases containing a turning point.

Moving from approach

In the case below, which contains a distinct turning, the consultees in the first session got startled, which the consultant identified as a turning point. (Numbers in parenthesis refer to figure 13:2)

> One 8-year old boy in after school day-care switches moods all the time. The staff is affectively aroused and gives a very negative description (*discharge in approach*). They say that they cannot grasp the boy; he is like a snake. They are very negative to his mother, who always believes him. The consultant asks the consultees what the boy looks like on the outside and on the inside (*attention*) (1), and draws a picture of what they are saying. It is a very negative self-image and the consultant points at it and asks how it could be turned in a positive direction (*balancing in autonomy*). Then, something happens (*startle*) (2), the consultees look like they are reflecting, like a flash of insight (*discover in autonomy*). They are startled. Then the focus is turned from irritation on mother to interest in child (*attention*) (3). The consultees gives a more balanced picture of the boy in the end of the session When visiting another team at the same center, the week after, the consultant meets with one of the teachers who tells her that everything has changed (*distinct turning*). At the next session one consultee says, "We think we exaggerated last time it was quite necessary". "I *approach* (4) him in a different way now". The consultees do not get so mad at him. And they do not have to get so mad, because he behaves differently. In order to avoid conflicts in the hall they meet him in the door (*approach* client). One of them is aware of and can articulate what has change and the others nod. The consultant's theory is that they became *startled* which had an effect. They became startled by the questions as well as by the way the boy looked at himself. (Case 2)

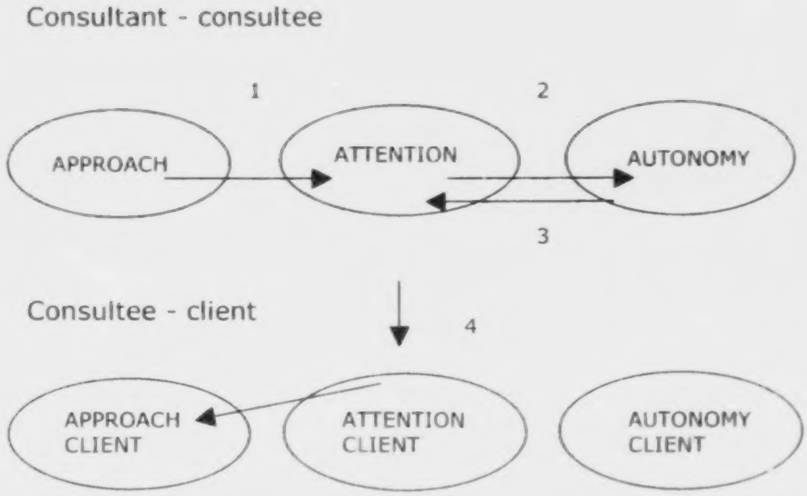
Consultant - consultee
1
2
APPROACH
ATTENTION
AUTONOMY
3
Consultee - client
4
APPROACH CLIENT
ATTENTION CLIENT
AUTONOMY CLIENT

Figure. 13:2. The consultation process in Case 2.

As can be seen from the figure the consultation process moves from approach through attention and autonomy ending up in attention and approach, in relation to the client.

Moving from attention

One consultant had asked the question "What does he look like?" to two second-grade teachers. This question, she said, became a turning point. The question is part of a *display-concern (mode of attention)* interaction in which the teachers discover what they have presented. This in turn leads to a *discharge-confirm* interaction (*mode of approach*). When feelings have been discharged, the process returns to the *mode of attention*, the teachers become interested and want to observe the child, which they also do and that in turn leads to *approach in relation to the client*. The movement of the process is illustrated in figure 13:3.

> The question awakes the teachers' *curiosity* because they realize that they don't know what the child looks like, and feel an urge to rush out and observe him. After this they start to *describe* the boy as "a puma".

> This in turn gives the teachers a possibility to admit that they don't like him because he gives so little back. The consultation process moves from *attention* to *approach (1), the teachers discharge* their feelings and fears, keeping very close to the original representation of the problem. They decide to *observe the boy (2)*. Coming to the second session they have observed the boy (*attention client*) (3) and the case has turned and they have *approached (4)* him. (Case 16)

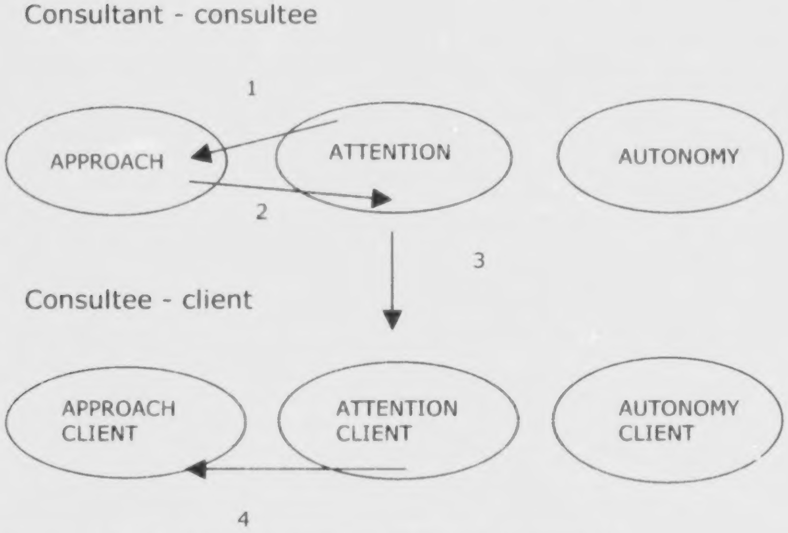

Figure. 13:2. The consultation process in case 16.

The consultation process in case 16 is illustrated in figure 13:2 moving from attention through approach to attention and approach in relation to the client.

It is shown, in the two cases presented, how the consultation process oscillates between the different modes of interaction, always passing through attention. The interaction mode of approach is most common in the beginning but appears all through the consultation process.

Detecting the turning point

The turning points identified in the *cases reported* by the consultants are reported in retrospect and there are no reports from the consultees. In the *taped cases*, both parties identified turning points, even though the agreements between the consultants and the consultees are not overwhelming. A turning point cannot be identified until there is a final turning. In the taped cases four turnings are identified: two of those are distinct turnings, one is a weathercock turning followed by a distinct turning and one is a weathercock turning. Thus, there are four cases to draw conclusions from about the agreement in identifying turning points. To be identified as a turning point in this study it must be an event preceding a turning, a turning agreed on by both the consultee and the consultant. Three different situations are found ending in a distinct turning.

1. The consultant and the consultee identify turning points but they are not identical

The consultant identified a turning point when she had used her own angry feelings, to move the consultation process when it was stuck. The consultees, in the same case, however, identified a talk with the child's parents as a turning point. However, when the consultant and the consultees described what had happened to the child, however, how he had progressed and what the educational interventions had been, their accounts were very much in agreement. They just hadn't identified the same event as the turning point.

2. The consultant and the consultee identify the same event as a turning point

The consultant and the consultees agreed, that there had been a turning after the first session. They also agreed on the turning point. It happened when the consultees had realized that the way they were handling the child was not hurting him but a way of helping him. In identifying the turning point they used almost identical words.

3. The consultant and the consultee identify several turning points

The consultees and the consultant agreed on the turning. The consultees had not identified one single turning point but could see many little details working in the right direction. The consultant had identified two of the sessions as containing turning points.

In this study, however, several changes, before a turning, are not considered turning points, but shifts (cf. Chapter 16).

The existence of turning points

According to the exploration made in this study, the only postulate, regarding the existence of the turning point is: Yes, it exists but it is hardly detectable. It is like the rainbow. Everybody can see the rainbow. Everybody knows that the rainbow exists. But there is no one who can tell *where* the rainbow is. It depends from which perspective it is observed.

It is not possible to say, "That is where it took place", because there is always an antecedent that may be as important as the identified point, or a following event that is of equal importance. There are however points of special importance, where there is a sudden change of feelings and cognition, that may or may not be followed by a turning. There are several such points of special importance (*shifts),* which will be explored in the third part of this study.

In conclusion the turning point is postulated to exist but can only be seen as a *theoretical construction*, formed by abduction. When a consultee from having been too close to a client turns into attention and then to autonomy or from having been to far away turns to approach, there is a turning point taking place in attention. It takes place in the mind of the consultee, in the representation and the presentation of the relation to the client. It is a plausible hypothesis that it also takes place in the interaction with the client, thus taking place outside the consultation session. That is the kind of turning point the consultees in the taped cases refer to. Also this turning point has an antecedent in the consultation session, when the representation of the problem has been confirmed, displayed and challenged. It is however not possible to localize the very moment when it takes place. The conclusion is that it is actually more correct to talk about a turning *process* than a specific turning point.

PART VI

RESULTS: BLIND ALLEYS AND SUDDEN SHIFTS

Part VI consists of chapter fourteen to sixteen. This part of the study focuses on shifts in the consultation process. Chapter fourteen starts with a summary of the model for turnings in the consultation process. Thereafter, the chapter focuses on *representational change*, which is seen as an introduction to the next chapter. Chapter fifteen explores the process of starting to move from having been stuck in a *blind alley*. The micro-processes of *sudden shifts*, moving in and out of the free neutral position are focused on in chapter sixteen.

The theory, which has emerged in the first and the second parts, forms a basis for the concepts in this third part. The categories used in this part are more tentative and less saturated and relations between concepts more preliminary than in the earlier parts. Still they have emerged from the data and from the model being developed. This explorative analysis is an attempt to outline the features of a more comprehensive theory of turnings in a consultation process.

Chapter 14

APPROACHING AND MOVING AWAY

Moving in and out of the free neutral position

So far, the analyses have yielded the following theory about movement in the consultation process. The point of departure is that the consultee asks for consultation because her *representation of the client* and thereby her relation to the client is *stuck*. The representation turns in *the interaction-mode of attention*. If the consultee has been too far away she now *approaches*, if she has been too close she now moves *away* from the client and if she has been too neutral, she either moves away or approaches. In order for this turning to take place, the consultee's representation of (the relation to) the client has to start to move. In the consultation process the consultee's representation is triggered to move again, which is a prerequisite for a turning. The representation is triggered to move by the consultant's oscillation in the consultation process between *confirming* and *challenging* the *presentation of the client*. A similar oscillating was found and proved useful to explain also the interaction between the consultee and the consultant in parallel to the interaction between the consultee and the client.

At this point, I will focus the *movement* in the turning process and describe the movement in a more abstract and generalized way. It applies to the interaction between the consultant and the consultee as well as to the interaction between the consultee and her client. It may also apply to turning processes in other professional interactions, which however not is explored.

The process is a constant oscillation. In between the movements of approaching and moving away, there is a neutral position (the mode of interaction labeled attention) where a turning is made possible when shifting from one direction to the other. The Swedish word for neutral position is "friläge", having an implication of being free, like in freewheeling. To stress that point, I will label it *the free neutral position.* The model can thus be regarded in a very simple way, as a process of constantly approaching, shifting in neutral, moving away, *or* going back to approaching, shifting in neutral again and so forth. In the free neutral position, it is possible to go in any direction, approaching or moving away. In passing through the free neutral position, affective arousal is reduced. It is like the clutch in a car, making freewheeling possible. Another metaphor: lost in the woods there is no use to rush around, and there is no use to take out a direction and follow a path, before you know where you are. The mode of attention is the free neutral position, where the consultee can see where she is. It is like shifting gears, going backwards or forwards, you always pass the free neutral position. Focus, attention, interest and low affective arousal characterize the mode of attention, as this neutral position. It is the position of "eyes wide open", giving a "looking distance." While in the free neutral position the process is not moving ahead, it is freewheeling. In order to get the process moving, it must shift to approaching or moving away.

So far, the consultation process at large is described, with the "reported cases" illustrating the oscillation process in consultation. At a closer look, however, what has been coded as for example "Approach" will appear as a micro-process, occasionally oscillating into attention, the neutral shift. Also, a process coded as "autonomy" will now and then oscillate into attention. In the "reported cases", detailed information about the micro-process is missing, but in the "taped cases", it becomes apparent that the process constantly oscillates, sometimes mainly between the mode of approach and the mode of attention and sometimes between the mode of attention and the mode of autonomy.

If the process doesn't oscillate but stays in one mode of interaction, the process is stuck; it turns into what has been identified as a *blind alley.* In a blind alley there is no possibility to continue in the same direction, no way of turning around and very hard to move. The blind alleys are explored in Chapter 16.

In the following, *the concepts of approaching, free neutral position and moving away* will be used to refer to the abstract model emphasizing the movement in the process, while the concepts of the modes of interaction, *approach, attention and autonomy* will be used to emphasize the interaction between the consultee and the consultant. When the interaction modes refer to the interaction between the consultee and the client this will specifically be spelled out.

Representational change

The main objective of the consultation process is representational change (cf. chapter 5). It was said that representations and presentations have cognitive, affective and action-oriented aspects. The focus of the consultation process is the consultee's *presentation and representation* of the client and of her interaction to the client. The consultee as also the consultant changes her representations of the client as the consultation proceeds. Their presentations and representations sometimes overlap, sometimes are very far apart. The consultant changes her presentation, approaches and moves away from the consultees' presentation of the case. It is also proposed that the distance between the consultee's representation and presentation of the case varies through the different modes of interaction and blind alleys, as is the case for the consultant. These variations show a pattern in the process of representational change, which is explored in Chapter 16. One consultant expressed the awareness of working with the consultee's presentation in spite of it being far away from her representation:

> We are working with what they are showing us. It takes time for them to come to what it actually is about. (Consultant 5. Focus group 1:1)

A difference is a prerequisite for a movement in a process, i.e. there has to be a distance between at least two entities before a movement can occur. Commonly there is a distance, a difference between the consultee's representation (R) and the way it is presented (P). The presentation (originally) is describing a client while the representation usually has a relational aspect. There is also a varying distance between the consultant's presentation of the case (Pc) and her emerging representation of it (Rc). Finally there is a varying distance between the consultant's presentation and the consultee's presentation. Below, these variations are described in the different modes and movements in the consultation process.

Presentations and representations in approaching

Many consultation processes, typically, start in the mode of approach, or get there very quickly, which can be seen in the taped cases. The consultant is confirming the story of the consultee who is discharging negative pictures and feelings. The consultant is approaching the consultee's presentation, by keeping her own presentation of the problem very close to the consultee's presentation. At the same time she is trying to understand the consultee's representation, thereby approaching her own representation to the consultee's representation. The consultee often starts a consultation process with a mere description of the client, a presentation far apart from her own representation of the relation. During the mode of approach, her presentation approaches her representation, which is evident when more relational material appears in the presentation. One example previously given is the teacher who presents a little girl's parents, as nice and sensible, until the consultant asks, "Is it possible to make a joke with these parents?" Then the teacher presents her representation of a relation where she feels bored and angry at these overly correct and controlling parents. When the consultee's presentation has approached her representation, i.e. she is saying and showing what she is thinking and feeling, the process often moves into the free neutral position.

Presentations and representations in the free neutral position

The consultant asks neutral questions when she wants to move the process into the free neutral position. In the mode of attention, the consultee starts to give a more neutral and balanced picture. She gets a "looking distance" to her own presentation. Seeing what she has presented, (now close to her representation), she gives a presentation with more nuances, more balanced and normalized. After having seen her presentation one consultee expressed it like this:

> I thought we exaggerated a great deal last session, but it was absolutely necessary. (Consultant 1. Focus group 1:1)

The presentation of the client is not actually new, i.e. the original presentation is not rejected, but the picture is becoming more complete. The consultant uses her "looking distance" to the consultee's presentation, asking questions to arrive at a more substantial picture. The consultant's presentation is now more neutral, not approaching the consultee's presentation. The consultee's representation is actually not changing; it is just presented in a more comprehensive way. The free neutral position may last for a second or for a long time. When the consultee is ready to challenge her own presentation, the process *moves away* into the interaction mode of autonomy.

Presentations and representations in moving away

Having seen her own presentation of her relation to the client, the consultee may also be ready to see what she has done, what she is doing and what she could be doing in relation to the client. Thus, the consultee is ready to move away from her original presentation, trying new presentations. That way, the representation is also changing. The consultant will now challenge the consultee's original presentation by presenting her own representations. For example: A care provider said about a boy, she was having great trouble with, that she didn't want to disturb him, when he was playing calmly as it usually didn't last very long. The consultant answered with her own representation of the relation, " Perhaps, if you stay with him when he is playing calmly it will last longer."

In the mode of autonomy, several different representations, from the consultee and from the consultant, are presented, some of which being very close to each other, others being far away. Some of these presentations are so close that the parties are unsure to whom they belong. These presentations are labeled *joint discovery*.

Joint discovery

Joint discovery is a paradoxical phenomenon. It could be seen as an *anomaly*, which did not really fit the emerging theory. On one hand, it seemed to fit as a sub-category under *autonomy* since it described real discoveries. On the other hand, it describes the consultant and the consultee as being very close to each other. Not until I understood how the representations and presentations were moving in relation to each other could this category also be understood and made part of the theory. When the consultant and the consultee both have a distance to the consultee's original presentation, they come very close in ideas and views. They may not know who said what and who discovered what. It is like an approach on a new level. Joint discovery appears as: *We discovered*, *When you said* and *We did as you told us*.

We discovered

A suggestion originally presented by the consultant to the consultee is handed back from the consultee to the consultant as the consultee's own idea. The consultee says, "You see we discovered that...." In the example below one consultant believed that she, during one consultation session, had presented an idea to the consultees. In the next session, the consultees having tried it out presented the idea as "You see we discovered". The consultant said:

> A boy with difficulties with his body image had a hard time knowing where his body was and what was underneath him. The teachers said that he was always moving around during circle-time, lying on the floor. And then I thought (the consultant said) that I found out that the children were sitting on pillows. Or we (consultant and teachers) found out at the same time, why he is able to sit while eating (sitting on a chair), but not during circle-time. Perhaps it might be better for him to sit right on the floor. We found out this together in some way and this solved the problem. Next session, they said, "Do you know what we found out? We took away his pillow and now he is sitting on the floor, and he is OK" They had no idea that the idea came from me.

> They thought they discovered it themselves. It was like we had solved it together, or it was just evident. (Consultant 4. Focus group 1:1)

When you said...

The consultants have reported stories about how consultees refer to what they have said, which they cannot remember, having said. Except for the obvious explanation that consultants may have bad memories, there are other plausible explanations, making this a special phenomenon in consultation. The consultee has a tendency to put discoveries and solutions on to the consultant, which makes the consultant, think: "Did I really say that?" That is the case in the following example:

One consultant had been to a nursery school three times, concerning a child whom the teachers saw as a retarded child, when there suddenly is a turning of the teachers' attitude towards the girl. The consultant said in the focus group:

> The teachers said "it was so good when you talked about the girl's abilities". The girl still had her problem but the attitude of the teachers had changed. I could not remember having talked about or emphasized the girl's abilities. I thought of the girl as being retarded, and the case as rather serious. (Consultant 16. Focus group 3:1)

We did as you told us

The consultee says: "It has turned. We did as you told us and it worked out very well". They have, however, done something that is contradictory to what the consultant suggested, which is illustrated below:

> I had a case that turned very fast, and I asked them, what had happened? "It was that thing you said about eye-contact and now we have worked very deliberately with eye contact, which has been quite effective". As far as I could remember, I had said something very different about eye contact. I guess this boy didn't want to look in their eyes and I had said something about respecting him, leaving him alone, not demanding so much from him. They had done the completely opposite - and that worked out very well. (Consultant 4. Focus group 1:1)

The examples above illustrate the following tentative hypothesis. When the consultant and the consultee are autonomous with respect to the consultee's original presentation and there is a free communication, neither the consultant nor the consultee is able to distinguish their own presentation from their representation. Once, the consultee has developed a new representation, she will in some situations give credit for this to the consultant's presentation, in other situations to her own discoveries and actions. If the consultee earlier in the consultation process has got her presentations confirmed in such a way that she now trusts her own ability to solve the case, she will listen to her own ideas as much as she listens to the suggestions from the consultant. When both the consultee and the consultant feel free to associate in different directions in autonomy, they do not "keep track" of their own representations and presentations. The story told in the end after a turning, is typically a joint construction between the consultant and the consultee. It is not possible to distinguish from where the contributions to the story came. The consultant and the consultee may however not be actively aware of this process. One of the cases gives an illustration to this phenomenon:

> In the beginning of the session, the teachers were talking about and were rather annoyed with a child who can't play because he is all the time controlling and watching the other children guarding his things and his play-area. The consultant makes a little twitch by saying "he is just like a little watch dog, isn't he?". By this remark, the consultant implies that there is a need for a watchdog in order for playing to come about. This comment is neglected at this point. In the end however, there is a joint story. The teachers say that *they* act as watchdogs watching the play, so that the other children won't disturb this child, when he is playing with someone. At this point, the consultant confirms the teachers when they tell the story and the teachers confirm the consultant when she tells the story. (Case C)

The consultant and the consultee move into a new mode of approach based upon the new and common presentation.

Chapter 15

BLIND ALLEYS

Being stuck and starting to move again

This chapter describes the blind alleys and explores how the process gets back into movement again from having been stuck. First, different blind alleys are described and illustrated then, a short theoretical analysis of the relations between the concepts is presented. The strategy used to find the blind alleys and their sub categories is slightly different from the strategies used in the preceding parts. Even if he main categories are found in data and a couple of their sub-categories also have in *vivo codes*, other sub categories are found through the elaboration of the emerging theory, and could still need some more grounding.

If the consultee's and the consultant's interaction is staying in one of the modes, instead of oscillating between approaching and moving away the process will be stuck in a *blind alley*. If, and when the process is stuck depends on the interaction mode before being stuck. Three different blind alleys were discovered, each one linked to a specific interaction mode. Not moving but staying in the mode of approach leads to a *bind*, staying in the interaction mode of attention leads too *boredom* and staying in the mode of autonomy leads to a *break*. The model for consultation is now presented in: Figure 15:1.

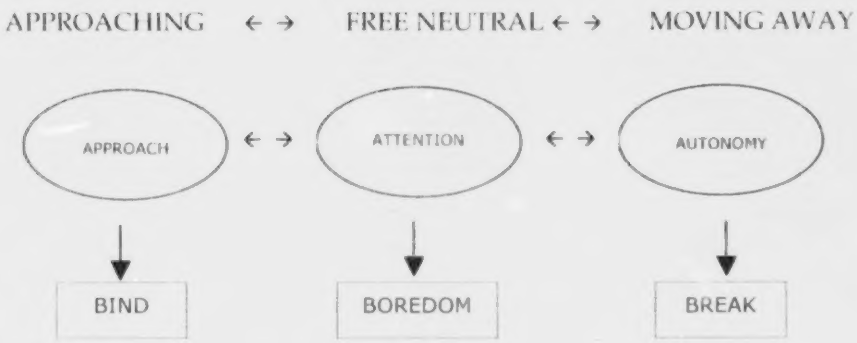

Figure 15:1. The process of consultation and the blind alleys.

In the blind alleys, the representations and presentations are not moving freely. The consultee's and the consultant's presentations and/or representations are too close i.e. lack the distance or difference that can drive the process to move. The different possible combinations of closeness and distance between the consultee's presentation (P) and representation (R), and the consultant's presentation (Pc) and representation (Rc), were found to form the different patterns of being stuck. In the following, I will present the categories making up this pattern (Table 15.1.) and towards the end of the chapter, discuss the relations between the categories and the theoretical implications.

Table 15.1.
The different categories of being stuck in the consultation process

Bind	Boredom	Break
The nice party	Boredom	Tug of war
Walking in mud		Mission impossible
Hidden fight		The interpretative relation

Bind – the blind alley of approach

When the consultant asks neutral questions in order to try to shift to the free neutral position from the interaction mode of approach, at times, this it is not possible. The consultee just keeps on discharging. This can now be understood in terms of presentations and representations. The consultee's presentation and representation are very far apart. For some reason the consultee does not want to present her representation to the consultant, there is no approach between the consultee's presentation and representation. The consultee may or may not be aware of the discrepancy between her own presentation and representation. Another reason for not being able to move away from approach is that the consultant has come too close to the consultee's presentation. If this is the case and the consultee's representation still is far away from her presentation, the consultee may never dear to tell the whole story. For example: A teacher talks about a child as being a mob-victim but she is herself disgusted with the child. If the consultant accepts the presentation - a child, who should be pitied - there is no space for the teacher's negative feelings. Thus the distance between the representation and the presentation of the consultee may increase. If the consultant is persistent in approaching the consultee's presentation and eventually taking over it completely (P=Pc), the process is stuck. This is particularly true if the distance between the consultee's presentation and representation still is large. The consultant's representation and presentation is still so close to the consultee's presentation that there is no working distance. It is impossible to move the process.

The nice party

The consultant feels hindered to move because the problem is presented in such a way that it is nothing the consultee can do about it. The consultant shares the consultee's negative picture and the notion that the solution to the problem does not seem to be within the consultee's control. "The social welfare agency is not doing what they should." "The group of children is so large that it is impossible to change the problematic case". The consultant has in her presentation as well as in her representation taken over the consultee's picture of the case, but the presentations and representations are separated. As is illustrated in Figure 15:2.

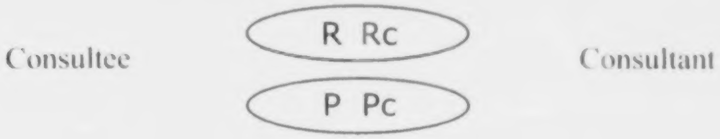

Figure 15:2. Patterns of representations and presentations in the nice party.

As long as the consultant stays in the mode of approach, confirming the consultee's presentation the interaction is very nice and friendly. The consultant may, for a long while, think that the process is going very well. The consultee is discharging wanting to be confirmed, not listening to neutral questions and strongly objecting to challenges. The consultee's presentation is, however not corresponding to her representation. The consultee may feel ashamed because the difficult situation make her behave in a way she does not like herself and therefor will not admit. The consultant is aware of the situation and has a representation of how teachers relate to children in such difficult situations, but cannot present any of these notions, as that would be regarded as criticism.

When the institution has a very heavy load, a special kind of nice party may appear. The teachers have a great need for support, and they are constantly over worked, never having enough time to handle all the problems they encounter. This heavy load may, however, also give an excuse for the teachers not to focus on what is possible to do. The consultant hesitates to shift and move away from confirming, as the consultee is in such a need for support and it seems presumptuous, to ask more from her in this difficult situation. One consultant who got stuck when she shared the consultee's worry about a child, said:

> The teachers were so worried about how the children's mother managed to take care of them. The children came to the center. But it was hard for the teachers and also for me to let go of this anxiety. (Consultant 16. Focus group 3:1)

During the session, the consultant may not feel stuck, but afterwards reflecting over the consultation process, she realizes that the process is not moving. The consultee will not end the consultation even though the consultant does not believe that the representation of the problem is changing at all. Even when the consultee says that a case has turned, the process may be stuck in the blind alley of bind. The consultee wants to please the consultant not to be blamed, and the consultant wants to be pleased to feel able. This may be a prerequisite for a *false turning*. One consultant reflected over this predicament:

> It happens to me, I have been pleased, because the teachers are pleased, and I feel able, everything is fine. Then looking back at old notes, as I do sometimes, I start to wonder whether that case really was finished. I get so delighted when the teachers are feeling happy and cheerful. (Consultant 6. Focus group 2:1)

In order to move away from the nice party, the consultant must be authentically interested in the consultee's representation, and use the distance between the consultee's presentation and representation as a basis for moving.

Walking in mud

The difference between walking in mud and being stuck in a nice party is the feeling of the consultant. While *walking in mud*, the consultant may say that she is stuck. She feels heavy and cannot move. The consultant may get sad; feeling there is no hope. She may identify very heavily with the consultee. The consultee is discharging. If the consultant tries to ask neutral questions or challenges the presentation, this is met by still heavier discharge. The consultee's presentation and representation are still far apart, like in the nice party, while the presentations of the consultant and the consultee are very close and stuck, as illustrated in figure 15:3.

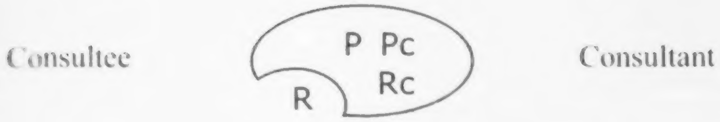

Figure 15:3. Pattern of presentations and representations in walking in mud.

The consultee may feel ashamed not wanting to present what has actually happened and the consultant has taken over the consultee's presentation and is not aware of her difficulty.

The consultee's representation may be very far away from the presentation, but the *affective component* of her representation is coming through and being presented (but not the *cognitive* and the *action oriented*). If the consultant adheres closely to the consultee's presentation, she also picks up the feelings. When the cognition is not connected to the feelings, the consultant easily becomes confused. The representation of the consultee's cognition and action orientation is far away from her presentation even though the affective component of the representation is presented. The consultant experiences the confusion and the gap between feelings and cognition. The way to get out of this blind alley is similar to the metabolizing of a *projective identification* (Ogden, 1979; Craford, 1992; Belin, 1994), a process described under the heading of *relief* (p.227).

The hidden fight

In the hidden fight, the consultant's presentation is close to the consultee's presentation and representation, but the *consultant's representation* is far away. I.e. the consultant is not saying what she is thinking and feeling. The consultant is afraid that if she presented her representation in an honest way, this would result in a *break*. The hidden fight is illustrated in figure 15: 4.

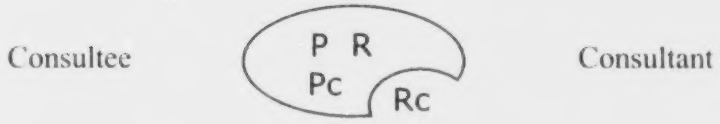

Figure 15:4. Pattern of representation and presentation in the hidden fight.

An example of a hidden fight: A teacher presents a child as being very obstructive. The teacher's representation of the relation is that the child gets away too easily, and needs more constraints and demands. The consultant discusses those demands, but actually believes that the teacher should instead approach the child trying to understand him.

Boredom - the blind alley of the free neutral position

If the process stays in the neutral position this may lead to the blind alley of *boredom*. All the presentations and representations are close. The consultant starts to feel bored. She is no longer genuinely interested in the case. The conversation is nice and polite; the consultee is continuously displaying the problem with little or no affective arousal. The process never shifts to approach and discharge, neither to autonomy and discovery. Challenges from the consultant are met by neutral facts but no reflection. The consultee may answer the consultant's question, nod and accept what the consultant is saying, but nothing is actually changed. Or the focus is constantly changing, so no process is possible. The consultee's presentation and representation are rather close to each other, likewise the consultant's presentation and representation. Furthermore, the consultee's presentation and the consultant's presentation overlap. There are no distances that can work as a basis for a movement. With no looking distance, no interest and no curiosity the process is stuck. This is illustrated in Figure 15:5.

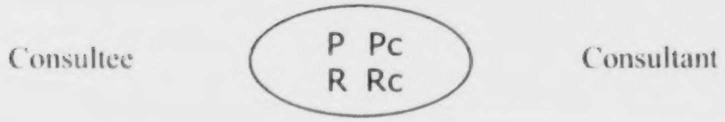

Figure 15:5. The pattern of presentations and representations, being stuck in boredom.

The consultee's representation, in boredom, is a representation of a formal relation, a stereotype or diagnosis, not a representation of a dynamic relation. The consultant's representation is close to the consultee's and thus also reflecting a formal relation.

Below is an example of a process getting stuck in boredom.

> There has been a long period of interaction in the mode of attention. The teachers are giving negative descriptions, but "balancing" the picture. They say that the child is hitting the other children, even biting. The teacher's voices are slow and hesitating, and no affective arousal is coming through. When they talk about the child biting, they say that other children bite too. They say that this boy is not hitting the other children on purpose. When one teacher says, that he cannot sit on his chair while eating, he leaves for example to go to the toilet. Another teacher says: "No wonder when he is eating so much, he *needs* to do that." The consultant tries to vitalize the process with questions, but gets only neutral answers back. (Case A)

As one assumption in the model, this far, is that the consultee comes to consultation *stuck in relation* to a child, if this is not the case, the model may not apply. There are several reasons why a consultee comes to consultation without being stuck. The consultee may be *forced.* The consultee may not anticipate a dynamic relation to the client but regard *a formal interaction* as the natural way of behaving professionally. The consultee just wants to discuss a *diagnosis* with the consultant. The consultees may *not have a problem* with the client but thinks that the problem belongs to some one else in the team. The consultee actually has *another problem* than the one that is presented. In the example below a consultant is feeling bored. At this point she did not realize that not all of the consultees were having a problem with this child.

> I was surprised that such competent staff was being stuck by this problem, /.../being a rather average problem. Having worked for a couple of years, they must have met these kinds of boys. I found that a little strange. The dialogue was rather numb, hard to describe, but everybody looked in different directions and out through the window. There was no real interaction. I didn't feel in such a good shape. I think I missed. Nothing really caught on. /.../ I tried to say little sensible things since I didn't know what to say. It got quiet, slow. I tried a little here and a little there. (Consultant. Interview. Case B)

Break - the blind alley of moving away

If the consultant is moving too far away by challenging the consultee's presentation too much and not letting the consultee escape back to the free neutral position; this may lead to a break.

The consultant's presentation (Pc) is moving away from the consultee's presentation (P), and there is a *tug of war* between those presentations. The consultee meets every challenge from the consultant, by moving her own presentation further away from the consultant's presentation. The consultee may end the consultation in a *total break*. Perhaps the consultee says that they need some other kind of help, e.g. moving the client, having more extra hours or getting a special aid. A total break may be the result of one person in a team having a representation that she is not presenting. The consultant believes that there has been a turning and is not aware of this person's representation, which in the end may influence the majority of the team.

There are few examples of total breaks from the focus groups, except for the group with consultants from other consultation traditions, which could be a hint that there is a difference between traditions in how strongly the consultee's presentation of the problem is challenged. Organizational consultants have given examples of interventions challenging the contract with the consultees, while no such examples are given from the other consultants.

Even though the consultee doesn't think that she is getting any help, she still may not end the consultation. Instead, there is an *interaction break* in the relation between the consultee and the consultant, which is exemplified below.

> One teacher says all the time, "I really wonder if the boy should be here in our group, he needs something else", and the teacher goes on and on and on, while I am trying to work. And it is very clear that there is no other group for him. There is no such possibility. We did look into it. And the boy is making progress. Still the teacher comes back, over and over again. "He shouldn't be here". (Consultant 1. Focus group 1:1)

In the interaction break the consultant is experiencing a great variety of negative feelings. She may be very angry, feeling disgusted or being afraid, that something terrible will happen to the client. She is assessing and judging the consultee.

The different presentations from the members of a team may be so divergent, that the consultant gets confused. If there is a conflict between two team members having different representations, the confirming by the consultant of one presentation may lead to an opposite presentation from the other person. Or the other person may never dare to present her representation. When the consultant challenges one person's presentation, the challenge may lead to a break in the interaction with her, but to reflections from other persons.

The *consultant* feeling responsible for the consultation process may feel *ashamed* when she believes that the consultee makes her responsible for a failure. When a sensitive *consultee*, realizes what has happened in the relation to her client, she may feel ashamed in a way that paralyzes the process and eventually breaks the interaction to the consultant. Then it is hard for the consultant to know what is happening. One consultant reflects over the fact that teachers discovering what they have done are too hard on themselves.

> It shouldn't be like hocus-pocus, or expectations that once the consultant comes then... Instead I try to really take it down so the teachers dear to look at themselves with mild eyes. I say, "It is like this with this kind of children. This is how it turns out" without actually unburdening their guilt but just staying there. (Consultant 5. Focus group 1:1)

There are three different types of break identified, *tug of war*, *mission impossible* and *interpretative relation*.

Tug of war

The consultant is trying to force her opinion, her representation on to the consultee by constantly presenting it. Also, the consultee is presenting her view, trying to convince the consultant about the righteousness in her representation of the problem. This is common when a consultee wants to refer a child somewhere else or get an extra aid to take care of the problem. It may also be the case when teachers are convinced that a child has a special kind of diagnoses, which the consultant does not agree on. The tug of war is illustrated in Figure 15:6.

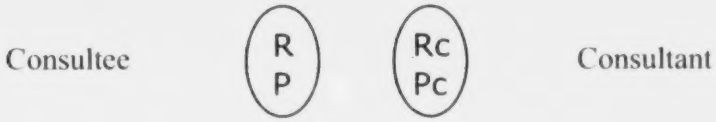

Figure 15:6. The pattern of representations and presentations in tug of war.

Below is an example of a tug of war that goes on for almost a year. Not until the consultant gives up her representation and escapes to attention is there a distinct turning.

> The consultees' original presentation is diffuse; they are stuck in an alienated interaction with a child giving a diffuse picture of the problem. Their affective arousal is high. The consultant feels very pessimistic when the consultees talk about a two-and a half-year old boy as being mean. She concludes that there is no attachment between the boy and his teachers and believes that the solution to the problem is that the teachers approach the boy. The consultees think that the solution is a special aid or any other kind of specific treatment. The other children's parents are complaining over this boy. The consultant suggests that the teachers keep the boy away from the hall while parents pick up their children. She also asks them to observe the boy. *Second session*: the consultees say that they have kept him away from the hall but he takes it as a punishment. The consultant concludes that the consultees have not approached the boy only taken him away. The observations confirm the consultant's pessimistic view that the boy is running around and no one is attending to him. The consultant realizes

that she gave advice much too early and feels like she is becoming the boy's attorney. She is stuck in a tug of war. Again the consultant challenges the consultees' presentation and representation by suggesting that one of the teachers should pay special attention to the boy trying to be close to him. *Third session:* The consultees have reluctantly tried to let one of the teachers have more contact with the boy, but they say that it is impossible as the other children and their parents get so jealous. The consultees are also very annoyed with the boy's parents. At this point there is a break. The consultees do not ask for a new consultation until several months later. Then, the relation to the boy's parents has improved, but the boy is worse than ever. The consultees have listened to a lecture about attention deficit disorders and are convinced that this is the matter with the boy. The consultant first gets back into the *tug of war*, complicates the picture and questions the possibility of diagnosing such a young child in terms of attention deficits. However, she gives up her presentation and representation, starting to think, that something really is the matter with this boy, which needs to be investigated. When discussing the different symptoms of attention deficit disorders (ADHD), the consultant for the first time experiences that the teachers are interested and focused on the boy. The consultation process has escaped from break to attention. The consultant asks the consultees to observe the boy in regard to the symptoms of ADHD. *Next session*, the consultees say, "It has turned the boy has calmed down, even if he still has problems and he really needs to be close to adults." The consultant believed that talking about ADHD made them curious of the boy for the first time. The turning is confirmed in the following session. The boy still has problems but the consultees have approached the boy and there is a working alliance between the consultant and the consultees. (Case 12)

Mission impossible

The consultant's representation is close to the consultee's presentation and representation, but presentation is different. An example is a consultee who believes that a child has severe psychiatric difficulties and needs something else than what they can give. The consultant actually agrees, believing that what the consultees do and could do is not enough but still insists in discussing how they could relate to the child and keep him in the group. Mission impossible is illustrated in figure 15:7.

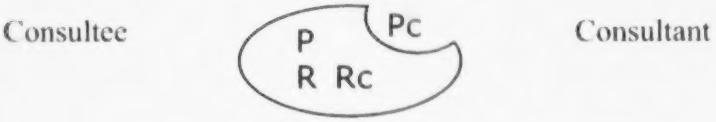

Figure 15:7. The pattern of representations and presentations of "Mission impossible".

Interpretative relation

In the interpretative relation, the consultant is "listening" to the consultee's representation instead of her presentation. Also, she presents her own interpretation of it. This may lead to a break if the consultant is not flexible but continues to interpret even though the consultee objects to it. Borus addresses this phenomenon (1982) when describing early years of consultation in Boston. Consultants trained in psychoanalytical therapy but not so well trained in consultation methods started to interpret the consultees' representation and treated teachers as clients and not as equal colleagues. This led to a break and the consultation program ceased. Interpretation is not so often described within consultee-centered consultation. Organizational consultants, however, described breaks as result of interpretations.

The interpretative relation is illustrated in figure 18:

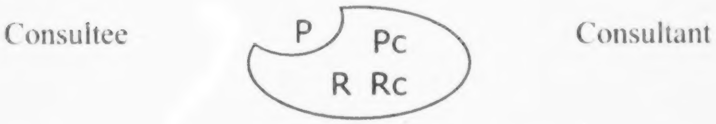

Figure 15:8. The pattern of representations and presentations of " interpretative relation".

Discussion

Seven out of the eight different possible cases of conglomerations of presentations and representations have been found to have a correspondence in data. The last case, (P Rc) (Pc R), does not make sense and is not found in data. It would imply a crossover when the consultee's presentation is close to the consultant's representation and the consultant's presentation is close to the consultee's representation.

The following pattern has emerged: In *bind,* the consultant's and the consultee's presentations are always too close they are stuck in the nice party (P Pc)(R Rc), walking in mud (P Pc Rc) R or in a hidden fight (P Pc R) Rc. In *boredom*, presentations *and* representations are too close. Thus, there is only one possible case of boredom (P Pc R Rc). In break, the presentations are always far apart. There are three such possibilities, tug of war (PR)(Pc Rc), mission impossible (P R Rc)Pc and interpretive relation (Pc R Rc)P.

What makes life difficult for the consultant and the consultee is the deviant presentation or representation outside the conglomeration, "the ghost in the closet". At the same time, that is where the solution of the problem is to be found. In the *nice party,* the consultee and the consultant share the same ghost, something that is not to be spoken about. In *walking in mud*, the consultee's representation is the hidden ghost, and the consultant has lost her ability to move her presentations and representations towards it. In the *hidden fight* the consultant's own representation is the ghost haunting the process. In *boredom,* there is no ghost; all the presentations and representations are closely conglomerated. It is proposed that this makes it more difficult. Without a distance between the entities, it is difficult to start any movement away from being stuck. Neither in *tug of war*, are there any ghosts; the fight is very open, the distance is clear, and it is easier to start to move. In *mission impossible*, the consultant's presentation is the ghost that needs to be disguised. In the *interpretative relation,* the consultant is regarding the consultee's presentation as an airy-fairy ghost, with no relevance. Coming back into a working interaction from a blind alley thus requires coming to grips with the ghosts and taking them seriously.

Chapter 16

SUDDEN SHIFTS

Feelings

The *affective components* of the presentations and representations have, up to this point, been described in general terms, as has the concept of *affective arousal*. My intention with the introductory pages of this chapter is to clarify what is meant by these concepts in the present study. It would lead much too far to try to reflect or explore the scientific discussion around affects, feelings and emotions in which affect theory, psychodynamic theory and cognitive theory are involved, (Hafnesköld & Risholm Mothander, 1995; Stern *et al.*, 1998; Nathansson; 1994; Sjödin, 1997). My ambition is to describe how the concepts have emerged, and give some limited references to how others use the concepts.

The consultee's feelings appear in the presentation of the problem. This was described in Chapter 12, when exploring the qualitative aspects of the different interaction modes. The consultants and the consultees have used words to describe how they felt, which correspond with the categories of affect as described in affect theory, (Nathanson, 1994; Stern, 1985). According to Nathansson's interpretation of Tomkin's work, affects are discrete and culturally independent physiological reactions that develop into psychological feelings and emotions during the life of human beings. Nathansson proposes *nine discrete affects*, described below. Affects within parenthesis are affects of higher intensity. Affects experienced as *positive* are joy (happiness) and interest (curiosity). One single affect is experienced as *neutral* i.e. surprise (startle). Affects experienced as *negative* are anger (rage), distress (anguish), fear (terror), shame (humiliation) dissmell and disgust. Others (Sjödin, 1997) proposes that, confusion and ennui or boredom also are discrete affects. According to Nathansson (1994), feelings are conscious affects. Emotions are conscious and mixed affects, containing all kinds of memories about prior affects and their objects. The discrete affects are seen in children as well as in adults, however, the longer one lives the more complex the feelings and emotions tied to the affects will become, and the pure affects are harder to distinguish.

Feeling, is the concept used in this study when discussing the affective component of presentations and representations, as the way affects are *described and experienced,* is what appears and may be studied. Still, however, the same discrete categories are used as is common in affect theory (Stern *et al.,* 1998; Nathansson, 1994). High intensity of feelings is labeled affective arousal.

The feelings addressed in Chapter 12 in connection with the different modes of interaction are the consultee's *negative* and *positive* feelings, but only the consultant's *positive* feelings, as can be seen in Table 16:1. The consultant's negative feelings were instead described in chapter 15 in connection with the blind alleys. The three kinds of blind alleys are characterized by the consultant's different negative feelings as is illustrated in Table 16:2.

Table 16:1
Feelings as they appear in the different modes of interaction

MODE OF INTERACTION	APPROACH	ATTENTION	AUTONOMY
FEELINGS	Anger Fear Distress' Disgust Dissmell	Interest Surprise Joy	Joy Surprise Shame

Table 16:2
The consultant's feelings as they appear in the different blind alleys

BLIND ALLEY	BIND	BOREDOM	BREAK
FEELINGS	Anger Fear Distress Confusion	Ennui	Shame Confusion Disgust Dissmell

Anger, fear, distress, disgust and dissmell are feelings the consultee discharges in *approach*. If, the consultant shares the feelings of the consultee, but recognizes them as her own, or if the consultee is the object of those negative feelings the process is stuck. Stuck in *bind* the consultant may experience feelings of *anger, fear, and distress*.

Interest, curiosity and possibly *enjoyment* are the feelings reported in the interaction mode of *attention*. These positive feelings are experienced by the consultee as well as by the consultant. Stuck in boredom, ennui is the feeling of the consultant and possibly also the consultee's. *Surprise* raises the affective arousal and makes a new focus possible thus making a *shift from attention* possible. *Joy* is the feeling shared by both the consultant and the consultee in the interaction mode of *autonomy*. New insights, discovering what one has done, may however, also make the consultee feel *ashamed*. For the consultee to express the experience of shame requires a great deal of security and tolerance from the consultant, as well as from the other consultees.

When the consultant is feeling *ashamed* about what she is doing in the consultation process, the process easily is stuck in *break*, as it is if she feels *disgust or dissmell*. Those feelings typically break relations. Thus, what has been proposed is that strong negative feelings on the part of the consultant are all indications of the process being stuck in a blind alley.

Shifts

The process of turnings in consultation has so far been described as oscillating freely between approach, attention and autonomy, making it hard to notice the transformation between the three modes of interaction. When the process is stuck or on its way to get stuck, however, sudden leaps appear between the different modes of interaction. These sudden leaps, identified as *shifts* are characterized by a sudden change in affective arousal. The consultants have reported these dramatic shifts as examples of turning points. Shifts could, however, not be regarded as turning points as they do not always precede a turning and many such shifts exist in one consultation process.

The shifts are highly charged moments. The consultants have described the quality of these shifts in words like: "When I feel something very strongly I know something like that is coming." "That is when I get touched, I know I am approaching a turning point." "In those situations I have felt such a strong focus - it is like a burning glass." "It happens in front of me, while we are sitting there. Suddenly there is another mood."

As the consultation process always passes through the free neutral position, the shifts move the process in or out of the free neutral position. Using the metaphor of a car, it is like pressing down the clutch shifting and then releasing it. Attention, focus, interest and balance characterize the mode of interaction in the free neutral position. If affective arousal is too high, balancing and focusing is difficult. The speed has to slow down in the free neutral position. On the other hand if there is no arousal at all there is no interest and curiosity. The process has to speed up. Thus, modulation of affective arousal is one way to describe the movement in consultation. Sjödin (1997) refers to Melaine Klein, who used the techniques of modulating anxiety in psychotherapy. When anxiety was too low, the use of interpretation raised it, when anxiety was too high it was reduced. A similar process can be seen in consultation, even if not caused by interpretations. If the consultee's affective arousal is too high, the consultant or/and the consultee will try to move the process into the free neutral position, thereby reducing the affective arousal. If affective arousal is too low, the consultant will try to move the process away from the free neutral position.

Release, *relief*, *startle* and *escape* are the four identified shifts, moving the process in and out of the free neutral position. *Relief* and *escape*, move the process into the free neutral position changing affective state from *high* arousal *to low* or *medium* arousal. *Startle* and *release are* the shifts moving out of the neutral mode of attention, shifting affective state from *low or medium* arousal *to high* arousal.

The consultants as well as the consultees have described feelings in connection to the shifts. Thus, shifts may be regarded as moments of shared feelings, when the consultant as well as the consultee experiences a change in feelings and affective arousal. Thus, shifts are similar to Stern's *now-moment* and *present moment* (Stern *et al.*, 1998) as shared moments created by new and authentic responses. Shifts are shared feelings moving the process of turnings in or out of the free neutral position. The different shifts and the way, they are moving the process, are described in the following pages. The process of turnings in consultation is now illustrated in a more general and comprehensive way, in Figure 16:1.

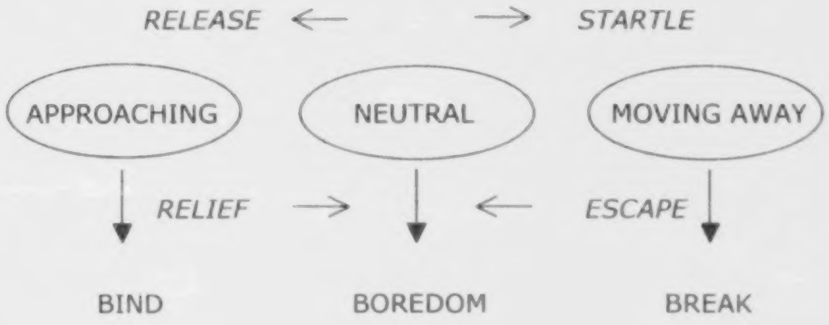

Figure 16:1. The process of consultation.

The *first assumption* was that sudden shifts are links between the blind alleys and the free neutral position. It was proposed that a process stuck in a blind alley never could get back to the same mode of interaction where it was stuck. Listening to the tapes, however, it was discovered that, the process sometimes had to turn back into the mode of interaction it came from, *repairing* something missed in that interaction. Particularly when the process was stuck in bind, it had to return to where it came from in approaching. Immediately, after the repair was done there was a sudden leap into the free neutral position, a *relief*.

The *second plausible assumption* therefore was, that there is just one way for the process out of a blind alley i.e. to return the way it came. Once back in the interaction mode that led into the blind alley there is, however, an immediate risk that the process gets stuck again.

The *present hypothesis* is that depending on where the process is stuck it takes different paths:

1. Having been stuck (or on it's way to be stuck) in *bind* the process returns to approaching for repairing before a sudden shift to the free neutral position.
2. Having been (or on it's way to be) stuck in *boredom* the process has to get vitalized and return back to the free neutral position before shifting to approaching or moving away.
3. Having been (or on it's way to be) stuck in *break*, the process may shift right over to the free neutral position, without moving away.

Out of bind by relief

Relief is the sudden leap, which the process takes when it has been stuck or is on its way to be stuck in the blind alley of bind. The discharge of feelings and negative presentations suddenly cease and balanced pictures come through. The affective arousal is reduced. The consultee seems relieved and relaxed. With relaxation, laughter may also follow. An easier feeling between the consultant and the consultee guides the transition to attention. From having been discharging, the consultee is motivated to focus on her work problem. Energy is released; the consultee is not defending herself but regarding the problem here and now. As one consultant expressed it:

> Suddenly it is possible to laugh at something, it is a shared feeling of easiness, something else than that heavy discharge. (Consultant 15. Focus group 3:1)

The consultant, who feels that arousal is getting too high and foresees the risk of moving into a blind alley, asks neutral questions to deliberately trigger a relief. Relief is illustrated in figure 16:2.

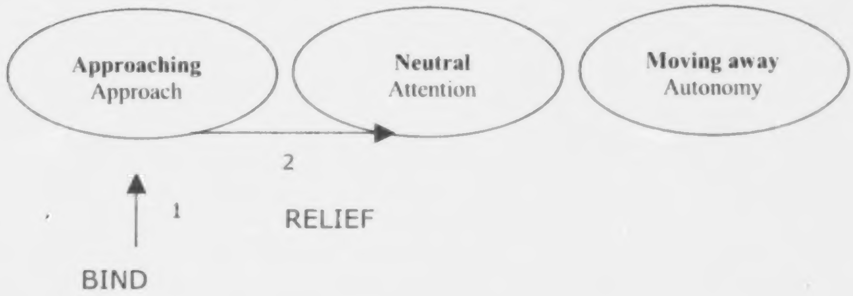

Figure 16:2. Out of bind by relief.

As previously suggested when the process is stuck in bind the affective component of the consultee's representation may come through, while the cognition and the action orientation components of the representation are far away from the presentation. The consultant feels stuck because there are feelings coming through, which do not make sense. Another and similar way to explain what is happening is to refer to projective identification (Craford, 1992; Granström, 1986; Ogden, 1979). When the consultant is able to process those feelings, make them understandable and link them to the description of the case, there is a relief. If the feelings can be understood and make sense, the consultant can give a presentation that is much closer to the consultee's representation. This in turn, may have the consequence that the consultee's presentation comes closer to her representation and thus the consultee becomes relieved and the process moves into the free neutral position. One consultant expressed this:

> Someone has to take care of all this worry and all this weirdness, which the teachers experience, i.e. containing, and if they really apprehend that the consultant does take care of the feelings then they suddenly are relieved, and can see all these other things too. (Consultant 14. Focus group 3:1)

One consultant was stuck in bind for a long time. She had been confirming the presentation but it can be assumed that her representation was far away from her own presentation. Her voice was weaker and more hesitating, than it had been in previous confirming. Afterwards in the interview she referred to this session as being very heavy and sticky, getting angry with the teachers. She was stuck in a "hidden fight". She asked:

> C: Is he following all of you around in the same way?
>
> Ce: Yes
>
> Ce: That is a pattern he has. Gosh, that is difficult!
>
> Ce: Yes!
>
> Ce: Those play situations… he is not nasty. He is brisk in an affected way. (*Imitating him in a loud and angry voice)*" Is this a bed? I want to sleep here." The other children say: (*imitating in a little voice)* "No don't do that, it is not a bed". (*Loud and angry again*) He just continues to ignore the other children, saying, "Nice place, I stay."/.../
>
> C: How does that make you feel? What is happening inside you?
>
> Ce: (In a weak and hesitating voice) We get a little irritated. I can understand those girls...
>
> C: Not so little (*in a very loud, determined and angry voice, imitating the imitation of the boy*) with a boy who takes up so much space.
>
> Ce: *in a relaxed voice* I told him that he had to ask… (*Continuing to say what she had done to help him)*
>
> (Tape. Case C)

After having tried confirming for a long while the consultant's own representation of anger came through, and her answer became much more authentic and her presentation and representation were close to each other. She was tuning in the feelings the consultees actually presented, but hesitated to be explicit about. The process then made a sudden leap into the free neutral position and thereafter to moving away. Later in the session, the process turned back into the free neutral position and the consultant could focus on the feelings this boy may arouse in people around him, saying that those kinds of feelings give valuable information about how the child is feeling inside. The consultees talked about their feelings, now without affective arousal.

The consultant said in the interview that she got surprised herself over her own reaction, feeling guilty for having emphasized too much. "Usually it is like a dance", she said, "but this was a cut. It was an explosion". She had been feeling that this was a failure, loosing hope and thinking that this consultation would last for at least 10 sessions. In this kind of situation, the consultant said, she uses to put herself to the side and reflect over her own feelings and thinking. The example suggests two different ways out of a blind alley of bind.

1. The consultant strives to bring her own process into the free neutral position, becoming curious of her own feelings. Paying attention to what is going on inside herself she discovers the difference between what she is presenting and her own representation. Reflecting over this gap she discovers something that helps her to shift back to approach and *repair*. This in turn results in a sudden shift back to the free neutral position.

2. The consultant is not consciously aware of her mixed feelings and of the difference between her presentation and her representation. This difference however, is so large that finally the affective component of her representation comes through in the presentation, in fact surprising herself. This surprise in turn leads to a *vitalizing* of the interaction and a sudden relief of the tension, and the process shifts to the free neutral position.

Out of boredom, by release and startle

Coming out of boredom is a process in two steps: First, the process moves from boredom to the free neutral position (attention). Secondly, there is a sudden shift from attention to moving away in autonomy by *startle* or to approaching by *release*.

When the consultant looses her own interest, she is stuck in boredom, and has to find a way back to her own interest and curiosity. The process needs vitalizing. One consultant described a situation of being stuck in boredom, and the way she tried vitalizing to come back to attention:

> The teachers were irritated but not too irritated, they went around and around. The case was dull, dogged and dull. Lucky thing I had the tape recorder to vitalize myself /.../ I think the questioning vitalized me. And then we could laugh a little. Unconsciously I think that is something we do to vitalize. (Consultant. Interview. Case C)

When the consultant finds an interest she may also find a new focus from where the process can restart. The consultant can handle the situation of being stuck in boredom in predominantly two ways:

1. *Changing focus* to find the problem in which the consultee is actually involved, e.g. switching from focusing on a child to focusing on her parents.

2. *Making aware* by startling the consultee in such a way that she becomes aware of a representation she was not aware of, one that is much more distant from the presentation than the representation she has been aware of. Becoming aware may lead to a sudden shift either to approach and discharge or to autonomy and discover.

These two strategies are exemplified on the next page.

Release

Release is like taking out the plug, making discharge possible, which is illustrated in Figure 16:3.

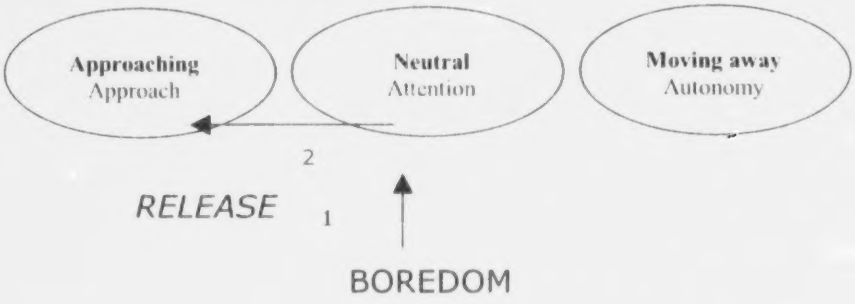

Figure 16:3. Out of "boredom" by release.

The interaction may have been boring for a long while when the consultee suddenly starts to give very negative descriptions of the case with high affective arousal. The consultant has found the actual problem or the consultee herself has shifted the focus to where the problem is. Release may also be triggered by a surprise. The consultant may say something surprising that unlocks a hindrance, feelings are aroused and a sudden leap to approach and discharge takes place. A question that may trigger a release is, for example, "What is the worst thing she is doing?"

The example below describes a consultant caught in boredom, using the two strategies of *changing focus* and *making aware*, described above. The consultant is using her own curiosity, getting back to attention and asking a question that has a startling effect on the consultee, triggering a release, which suddenly moves the process to approaching and to discharge from the consultee. The consultant has (a) shifted focus from the child to the child's parents and (b) asked a question with a startling effect. The consultee's presentation now has a new focus close to her representation, which she may not have been quite aware of.

> The consultee is describing a problem of a girl who defecates in her diapers all the time. The problem is described as very problematic but the consultee shows no signs of affective arousal. The girl's parents are described in a very positive manner. The consultant feels uneasy and the dialogue is awkward until the consultant asks: Is it possible to joke with these parents?" The consultee answers with emphasis. "No, they are definitely lacking all sense of humor." From this point, there is a discharge, about these overly correct parents. The consultant concludes that it was taboo to criticize these parents, because they were so nice and correct. The consultant's theory is that she has intuitively picked up what had blocked the consultee. Through a discharge, an approach from a different angle followed by a startle, unlocked the hindrance. (Case 9)

Below is an example of a consultee shifting focus. The consultant had been trying to get a release from the consultees in order to avoid being stuck in boredom, but the consultees had been answering politely and slowly with no affective arousal, until the consultee herself shifted the focus.

> C: Had it been me, I think I would have become rather irritated, when he can't stop doing this.
> Ce: *Silence* …Well, of course you get irritated sometimes. Of course, it happens that I get angry at him /.../ sometimes we take him away...
> C: When he is being difficult?
> Ce: Yes, (saying) "Now you sit here". When I come back and talk to him, he says, "Yes, I know". But other parents are getting at him. And many times, they want to tell him. Then I feel more irritated. *Laughing, the other consultees joining in with "uhu!"*
> (Tape. Case A)

Evidently the presentation of "the other children's parents" was charged with much more negative feelings than the presentation of the boy. Now, a release was possible and consequently a discharge. Laughter was coming through, which could have put the process back to the free neutral position again, working as a relief. The consultant, however, caught on and confirmed the new and charged presentation.

> C: (*now confirming*) No wonder, parents shouldn't bother about that.
> Ce: No!
> C: You know so much more about it
> Ce: That is what is most difficult, with the parents. *The other consultees joining in*
> C: Uhu
> Ce: Some parents can hardly look at him until hatred comes out of their eyes. It is possible to see that. I think he feels it.
> Ce 2: The other parents really dislike him. When they come to get their children, he fights with just those children, like he was thinking, "look here, I am just as bad as you think I am."
> (Tape. Case A)

Startle

The sudden shift from the free neutral position, attention, to moving away and autonomy is labeled *startle.* Startle gets a person ready and alert to experience other feelings and situations. The trigger for startle may be a word, a symbol, a drawing or a metaphor coming from the consultant, from another consultee or from inside. Actually "seeing" one's own presentation is the prerequisite for this experience. Something she "sees" startles the consultee and suddenly there is a leap to autonomy, a flash of insight a new cognition, and a new discovery. The consultee moves away from her original presentation making new representations possible. What is a startle for one person may, however, not be a startle for another person.

Two kinds of startles have been discerned, each related to different feelings, *the flash* and *oh gosh!*

The flash experience is triggered by a startle. If it is a flash of insight that is shared by everybody it is a discovery and a very joyful experience. The consultant may feel that she is pulling just a little, and suddenly something happens in front of her eyes. She can see that the consultee is gleaming. The consultant knows that something special is happening.

Questions may have a startling effect. One typical question that may trigger a startle is "What does she look like?" If, however, the consultant knows the consultee very well and if she is using the same standard interview-guide, the questions as such may no longer startle, while those questions may startle new consultees.

The *Oh gosh-experience* is triggered by a startle, but the consultee realizes something that could evoke a reaction of shame. In a secure environment, this would provide good bases for reflection. The wish to avoid shame, however, may be much stronger than the motivation for new discovery, thus resulting in an escape to the free neutral position.

Out of break by escape

Escape is the sudden leap which the process takes coming from being stuck in break or on the way to be stuck in break. The challenge may have been too devastating. The consultee may have started to see her own presentation of the relation to the client, which makes her feel ashamed or sad. Laughter is a common way to escape. It can be seen that the consultant tries to challenge in autonomy but the challenge is met by escape. The consultant follows the process into the free neutral position and after a while tries challenging again. The consultant regards this escape as a necessary moderation of affective arousal. An escape may be the sign of the consultant having given a presentation too far away from the consultee's presentation.

Figure 16:4 illustrate escape.

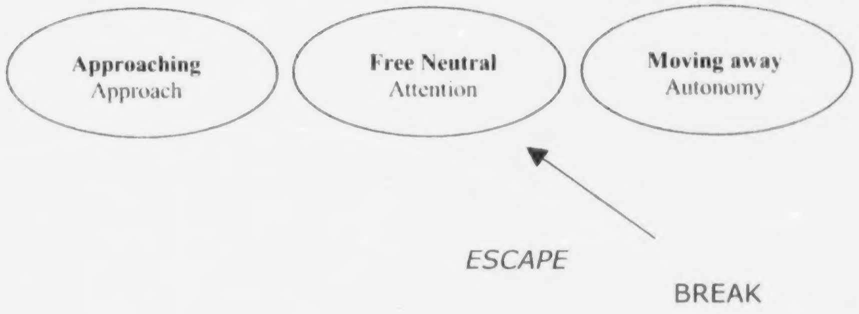

Figure 16:4. Out of break by escape.

One consultant tried to challenge the consultees, and move the process. There had been a short and rather controlled discharge, followed by a shift back to the free neutral position. The consultant wanted to avoid the blind alley of boredom and challenged the consultees. On the tape, her voice gets stronger. She is evidently making an effort to shift the mode of interaction. The consultees' affective arousal had been very low up to this point.

> C: When he is being so difficult I presume that is the way he behaves during the day, causing troubles. How do you feel? Even if you talk about it and pity him, and think that, he can't help it. But what happens to yourselves when he is causing troubles and disturbing your activities. *Silence and sighs from the consultees.*
> Ce 1: We don't think that he is causing *us* any trouble.
> Ce 2: No that is what I was going to say.
> Ce 3: No. *Sighs and silence from the consultees* (indicating that the process is on its way to be stuck in break. The consultant persists, however, trying to challenge once more.)
> C: But when he goes around and hits the other children, and he does so for the seventeenth time...
> Ce: Well, what do we do? *The question ends up in laughter and the other consultees join in.*
> (Tape, Case A)

The above example is a case of *escape.* When there was an evident risk of being stuck in break, the consultees escaped back to attention. The consultant has challenged the consultees in order to raise affective arousal and to try to understand what the case is all about. Perhaps sadness is deep, or the consultees are disappointed not getting enough help. Those may be representations, which they are not ready to talk about. Laughing is a way of reducing affective arousal, coming back to the free neutral position.

Unlike the case when being stuck in bind, a process coming from being stuck in break can never return to where it came from i.e. to move away. If the consultant has been challenging too much in autonomy, she can not get out of the blind alley by challenging more, but only by giving in, attending to the consultee's presentation. An example of break and a *tug of war* is given below. One consultant, who was worried about the way the teachers were talking about a child, tried to show the teachers the good signs of the child's development. The consultant and the teachers got into a tug of war, which was not solved until the consultant "gave in", and approached her presentation and representation to the teachers' presentation and representation.

> A boy was described as very disturbed and giving no contact. There has been a turn over in the staff. During the period of consultation, the boy has started to act out. The consultant points at his development, emphasizing that acting out is a good sign. But the teachers will not listen to this interpretation. "He has started to bully the other children." The consultant gives up, accepts the situation, feeling that there is no hope, sharing the hopelessness of the staff, and says: "Perhaps you have to talk to his parents to find another solution for him than staying here". Next session, the staff starts out saying that they had thought of canceling the session, as they did not think it was any idea to meet again. The consultant says: "Is it the same old story?" expecting to hear it again. Then the teachers say: "No it has turned, he is playing and ..." They describe lots of positive incidents. (Case 18)

When the consultant finally gave up her presentation and representation (that the boy should stay) and accepted the situation, the way the consultees were presenting it, and then the tug of war was over. Instead of fighting back, defending themselves the consultees were free to regard the child in a more neutral way and were able to challenge their own presentation and representation.

Discussion

Listening to the taped cases it was discovered that many of the strategies the consultants use can be seen as ways to avoid blind alleys. The consultants very closely follow the consultee, in order to avoid being stuck. In other words, the avoiding of the blind alleys could be seen as a way to modulate affective arousal. Release and startle are shifts that speed up the consultation process by arousing affects, while relief and escape reduce the speed, taking the process into freewheeling and reduced affective arousal.

Laughter is seen to have different functions in the process. It can on one hand be seen as reducing anxiety as in escape or relief, because after a common laughter, the remarks are often very neutral, indicating that the interaction now takes place in attention. On the other hand, laughter also may have a function of vitalizing and elevating affective arousal. Laughter is often contagious, a communication of shared feelings. The consultant use laughter as a tool, which, she may not be aware of in order to vitalize herself and the consultees. Laughter is also common in the mood of autonomy, as prerequisite for the joint discovery.

Even if the consultant is trying to avoid the blind alleys, these play an important part in the consultation process, as they often precede the sudden shifts. Whether a process turns or not, is assumed not to be an effect of having avoided all the blind alleys, but the effect of having strategies to get back to moving again once the process is stuck in a blind alley.

PART VII

SUMMARY AND DISCUSSION

Part VII consists of chapter seventeen and eighteen and concludes the thesis. Chapter seventeen gives a summary of the study, the research process as well as the results. The study is also validated according to criteria for qualitative research. Chapter eighteen gives a concluding discussion and points towards implications for future research and to the practical application of the grounded theory, which this study has resulted in.

Chapter 17

SUMMARY AND VALIDATION

This chapter starts with a summary of the study using seven steps, which, Strauss and Corbin (1990) propose in order to guide documentation so the reader will be able to interpret the results and assess the quality. Thus, the summary given below is a summary of both the research process and the results. Different ways to validate qualitative studies will also be discussed and seven criteria used by different researchers will be used to validate the study.

Summary

1. Selecting the first sample

The main purpose of this study was to explore change processes in consultation, particularly sudden changes, labeled turning points. The first sample was chosen in order to find as much knowledge and experience as possible about sudden changes in the consultation process. The question whether turning points occur in the consultation process was given to experienced consultants in three focus groups. The first group was homogenous in respect to consultation tradition and setting, the second one was a mixed group of consultants, and the third one was a group of consultants from the same tradition but from different settings.

2. Main categories

Consultants could identify turning points but they referred to different phenomena, which were identified as *turnings*, *turning points* and *shifts*. Turnings are the outcomes of a consultation process, when the consultee says: "Now it has turned, and gives a new description of the case." *Turning points* are those special events that precede a turning and are considered crucial for the turning. *Shifts* are sudden qualitative changes in the consultation process when affective arousal is reduced or increased.

"What is turning?" became a crucial question. The categories that emerged were *presentations* and *representations* of the problem (the interaction to the client). The presentations include all overt behaviors, verbal and non-verbal, which are taking place during the consultation sessions and which can be referred to the problem in question. The representations are considered inner conceptualizations with components of affect, cognition and action orientation. The representations are by definition subjective.

3. Incidents and actions indicated by the main categories

At an early stage, the *subcategories of turnings* were identified as *distinct, magic, weathercock, false and continuous.* In *distinct turnings,* the problem is dissolved or can be handled. The consultee presents a changed affective relation in respect to the client, a changed cognition of the problem and a changed way of handling the problem. In "*magic*" turnings, the consultee reports that the behavior of the client has changed dramatically but she doesn't know why. She indicates a change in affective relation and cognition but no conscious change in action orientation. The background to the problem is that the consultee has come too close to the client and been stuck in an affective hang up. Change of cognition and feelings seems to be enough to solve the problem. In *weathercock* turnings, the consultee also presents a change in cognition and feelings but this change is reversed. The relation between the consultee and the client has been so distant that change in cognition and feelings is not enough; a change in action orientation would also be necessary to assure a stable turning. False turnings are actually no turnings, only the presentation of the problem has changed.

4. Basis for the theoretical samples

The theoretical sampling was done in several steps. When turnings and turning points had been identified and diversified the next question to ask was: "Why do the representations turn?" The focus groups were interviewed a second time. This time the participants reported cases with turning points, the analysis of which, gave the following pattern: When a case had turned, the consultee had *moved* in relation to the client either coming closer or moved further away. The consultee coming to consultation was described as *being stuck*. Consultants have described their interaction with consultees in terms of *confirming*, *concerning*, and *challenging*. To be able to describe the interaction also from the consultees' point of view, the open answers in an inventory with 102 consultees having had consultation were analyzed. The interaction between the consultant and the consultee could now be described with the following paired concepts, *discharge-confirm*, *display-concern* and *discover-challenge*.

Blind alleys, i.e. when the consultation process is stuck and *sudden shifts*, i.e. when the process suddenly moves were also discovered to be important parts of the consultation process. In order to be able to study also the micro processes in the interaction between consultants and consultees authentic dialogues were needed. Six taped consultation cases were used to study these micro processes.

5. Theoretical relations between concepts

Movement, *direction*, *closeness* and *distance* were used to describe the relation between the concepts. It was proposed that the relation between the consultee and the client is oscillating between three different modes of interaction, *approach*, *attention* and *autonomy*. The consultee, *stuck* in one of these modes of interactions asks for consultation, being too close in an *entangled* interaction, being too neutral in a *formal* interaction or too far away in an *alienated* interaction. If the consultee is too close to the client, she presents a *distorted* picture of the client, if she is too neutral, she presents a *diagnostic* picture and if she is too far away, she presents a *diffuse* picture. The consultee's *representation of the client* turns in *the* *interaction-mode of attention.* The consultee is *approaching* the client or *moving away* from the client. In order for such a turning to take place, the representation of (the relation to) the client has to start to move. When a turning has taken place the consultee has (re) turned into a relation, through the interaction mode of attention. Thus, the interaction mode of attention i.e. when the consultee observes, becomes curious and attends to the client is of utmost importance for a turning to take place. Without an interest in the child there is no change of representation. This hypothesis has been tried out on the reported cases. The cases have been used as whole stories and not as fragments.

It is also proposed that the consultee's representation must be triggered to move, in the consultation process as a prerequisite for a turning. The representation is triggered to move by the consultant's oscillation in the consultation process between *confirming* and *challenging* the *presentation of the client.* Thus, the same model of oscillation between approaching and moving away is used to illustrate the interaction between the consultee and the consultant as was previously used for the interaction between the consultee and the client. The same modes of interaction, *approach*, *attention* and *autonomy* are applicable to the interaction between the consultee and the consultant. The model is now tried out on the reported cases and on some of the taped cases. All cases are seen as entireties, not as fragments.

6. Hypothesis that did not fit data

The proposed model postulates a turning point. When a consultee from having been too close to a client turns in attention and then to autonomy or from having been too far away turns to approach, there is a point of turning, taking place in attention. It takes place in the mind of the consultee, in the representation and the presentation of the relation to the client. This turning point is however difficult to find in data. There is always an antecedent that may be as important as the identified point or a following event that is of equal importance. Thus the turning point is seen as a *theoretical construction*, formed by abduction. The conclusion is that it is actually more correct to talk about a turning *process* than a turning point.

Another hypothesis that did not correspond with the processes in the taped consultation cases was an early assumption that the sudden shifts were the only links between the three modes of interaction in the relation between the consultee and the consultant. What was discovered, however, was that the process typically oscillates smoothly between the interaction modes. It was actually hard to distinguish the transition between the modes of interaction. Instead, it was discovered that the shifts, the sudden qualitative changes, the leaps from one interaction mode to another, occurred when the process had been stuck or was on its way to become stuck in a blind alley.

7. The core variable

A general core process emerged, through coding and analyzing data: The core variable is the turning process of representations. The turning process is an oscillation process between approaching and moving away shifting direction in the free neutral position. Having reached an abundance of main categories, however, I decided to divide the report into three parts, each part dealing with one slightly different core process.

The *first* core process was arrived at in the pursuit of explaining the *turnings*. The turning of the consultee's representation (of the interaction between the consultee and the client) is a change of direction from approaching to moving away or from moving away to approaching in relation to the client.

The *second* core process was arrived at in the pursuit of explaining the *turning points,* which later was described as *turning processes*. The turning process is an oscillation between approach and moving away in the interaction between the consultant and the consultee, which triggers a turning in the consultee's representation.

The *third* core process was arrived at in the pursuit of explaining the *shifts*. From being stuck, the interaction between the consultee's and the consultant's presentations and representations suddenly shift to moving freely between approaching and moving away.

These three core processes are the basis for a grounded theory of turning processes in consultation. The main concepts of the theory are presented in Figure 17:1 and Figure 17:2.

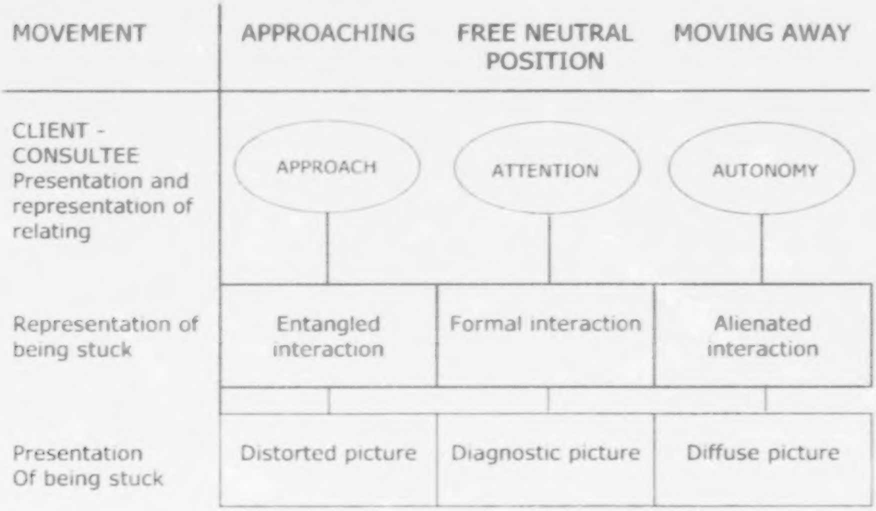
MOVEMENT
APPROACHING
FREE NEUTRAL POSITION
MOVING AWAY
CLIENT - CONSULTEE Presentation and representation of relating
APPROACH
ATTENTION
AUTONOMY
Representation of being stuck
Entangled interaction
Formal interaction
Alienated interaction
Presentation Of being stuck
Distorted picture
Diagnostic picture
Diffuse picture

Figure 17:1. The main concepts in the process of turning, in the interaction between the client and the consultee.

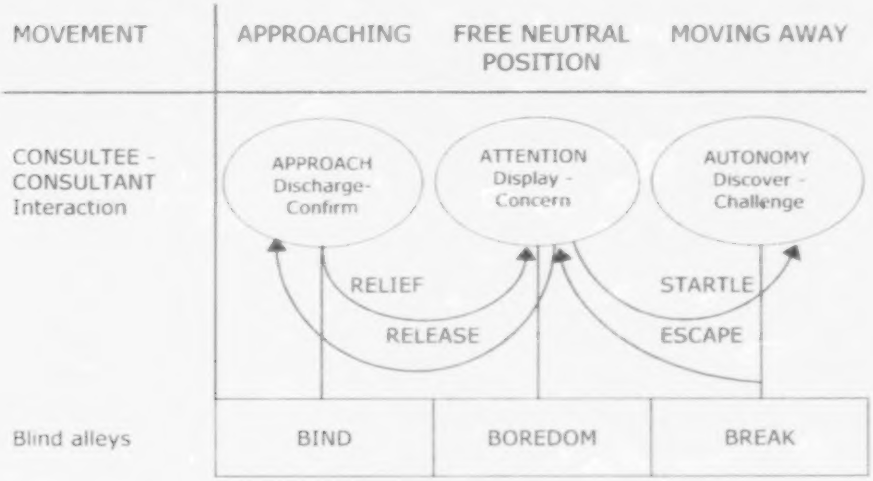
MOVEMENT
APPROACHING
FREE NEUTRAL POSITION
MOVING AWAY
CONSULTEE - CONSULTANT Interaction
APPROACH Discharge-Confirm
ATTENTION Display - Concern
AUTONOMY Discover - Challenge
RELIEF
RELEASE
STARTLE
ESCAPE
Blind alleys
BIND
BOREDOM
BREAK

Figure 17:2. The main concepts in the turning process in the interaction between the consultee and the consultant.

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Validating the study

The way the summary has been presented is one way of making it possible for the reader to assess the quality of the study. In the following some other ways of validating a grounded theory study will be discussed and a synthesis of validity criteria proposed by different authors will be used to assess the quality in this study.
Like other research methods, grounded theory has its limitations. The model that has evolved in this study is *one* way to understand and to a certain extent explain turning processes in consultee-centered case consultation. It is not *the* way to explain the variations found regarding turnings in consultation. Neither can the present study be regarded as an evaluation of a consultation tradition to be used in a comparative analysis of effectiveness in consultation, nor is it a critical analysis of the consultation tradition studied.

There is a continuing discussion whether qualitative studies can be validated by the same measures and criteria as a quantitative study. Some authors argue that there is no difference between a qualitative and quantitative study in measuring validity (Cronbach & Meel, 1955; Tśchudi, 1989). Others recognize that qualitative studies require specific methods for validation (Kvale, 1989; Larsson, 1993). The concept of validity has changed from being a way to control the measurement in relation to external criteria, to a way to check the whole process (Wolming, 1997). That is a transition from testing the instrument of measurement to a validation of the interpretation of the measurement. Kvale (1989) proposes a change in the view of validity, giving up the idea of testing the correspondence to an objective reality, emphasizing falsification instead of verification and interaction instead of observation.

In this study, it is proposed that the validity can be assessed by general criteria, adapted to qualitative research. Reliability, however, can only be assessed by methods particularly fit to the specific research method used. This study will be validated guided by the criteria proposed by Kvale (1989), Glaser (1978), Larsson (1993) and Strauss & Corbin (1990). Reliability will be tested by criteria specific to GT proposed by Strauss & Corbin (1990).

Kvale (1989) proposes three ways of validating a study:
1. *Investigating validity* (to validate is to investigate)
2. *Communicative validity*
3. *Pragmatic validity*

Larsson (1993) regards validity as part of a quality assessment of qualitative studies and proposes the following quality criteria.

1. *Quality of the design:* (a) awareness of perspective, (b) internal logic (the way the method is governed by the formulation of the research question) and (c) ethical value.
2. *Quality of the results:* (a) meaning, (b) structure and (c) theoretical contribution.
3. *Validity of the results*: (a) the discourse criteria, (how well the results are explained in comparison with other possible alternative explanations), (b) heuristic value (if the results give a new perspective of the studied phenomena) (c) empirical grounding, (d), consistency and (e) the pragmatic criteria.

Glaser (1978) proposes four criteria for validating a GT study:
1. *Fit*, theory comes from data.
2. *Work*, the theory must be able to explain the variation in data.
3. *Relevance*, the theory must be relevant to the actors in the field that is studied.
4. *Modifiability* the theory must be adjustable to new data.

Strauss and Corbin (1990) use seven different criteria to assess a GT study. Five of those criteria are considered reliability criteria specific to GT. These are presented in table 17:2. The other two criteria regarded as validity criteria are: (a) are general conditions influencing the phenomena built into the theory? (here identified as *context criteria*) and (b) is the theory of *importance*?

Comparing the four different lists of criteria, a synthesis is possible, illustrated in Table 17:1.

Reliability

The reliability criteria are assessments of how well the study follows the general and most important strategies of grounded theory. This is shown in Table 17:2.

Table 17:1
Validity criteria used by four different researchers and the equivalents used in this study

Criteria used in this study	Kvale	Larsson	Glaser	Strauss and Corbin
Empirical grounding	Investigate (check, question, theorize)	Empirical grounding	Fit	
Pragmatic validity	Pragmatic validity	Pragmatic validity	Relevance	Importance
Consistency		Consistency	Work	
Modifiability			Modifiability	
Communicative validity	Communicative validity	Discourse		
New perspective		Heuristic		
Context				General conditions

Table 17:2
Reliability criteria according to Strauss & Corbin (1990), applied to this study

Reliability criteria	Applied in this study?
Have concepts been generated?	Yes
Are concepts systematically related to each other?	Yes
Are the several conceptual relations and are the categories well developed?	Yes
Is there a great variance in the theory?	Yes
Is there a process in the study?	Yes

Empirical grounding

The fit between data and theory is the most important criterion, but this criterion actually, has to be considered all through the research process in a GT-study, which Kvale (1989) recognizes.

> In the grounded theory approach, verification is part of theory development, and not some final product control: validation is built into the research process, with continual checks of the credibility, plausibility and trustworthiness of the actual strategies used for collecting, coding, analyzing and presenting the data. (Ibid, p. 78)

The theory in the first two parts of this study is emerging very closely from data. The theoretical codes, also arriving from data are used to relate the concepts to each other. Thus, the first part of the theory about *the turning of the representation of the interaction between the client and the consultee* and the second part about the *oscillation in the consultation process* explaining variations in the turnings and the turning points (turning process) seem to be well fit to data. The third part, however, about *sudden shifts and blind alleys*, could be more thoroughly elaborated. It has arrived from the emerging theory, and is fit to data by selective coding. Certainly, it would have improved if it had been fit to greater variances of data. The categories are not fully saturated and thus the concepts and hypothesis are not sufficiently grounded. The choice between excluding and including this part was easy however, as the blind alleys and sudden shifts are such an integrated part of the model and give hints about how to understand and handle the dilemmas the consultant encounter in the consultation process. Grounded theory gives this is freedom. There are always new hypotheses put forth, the last ones being the least grounded. Every single concept in a grounded theory could, according to Glaser (1978) be the object for a written article. At a certain point, however, the story has to be put to an end.

Pragmatic validity

The theory must be relevant to the actors in the field, i.e. be able to explain a process as it turns out in practice. Several times, the theory has been presented to auditoriums of psychological consultants and teachers. Concepts and hypotheses have also been discussed with psychological consultants in small groups and been met by recognition, and regarded as useful. Table 17:3 summarizes an inventory presented to an auditorium of school and pre-schools psychologists. This presentation was done in 1998, when some of the concepts were not saturated and the theory still premature. Still the relevance regarding the over all picture of the model is fairly high.

Table 17:3.
Validity of the model of turning processes in consultation, assessed by 93 consultants, 1998

Measure of validity	Yes	Un-Certain	No	No answer
Is the model consistent?	54	21	1	17
Is the model comprehensible?	79	8	0	6
Is the model useable?	73	15	0	5
Is the model new?	66	15	5	7

Table 17:3 shows that three of four professional consultants found the model of turning processes in consultation comprehensible and useable, i.e. assessed the pragmatic validity as high.

Consistency

The theory must be consistent and be able to explain the *variety in data*. The following variety in data is considered in this study: (a) Different kinds of problems ascribed to the client are addressed in terms of presentations and representations of a case being stuck and therefore brought to consultation. (b) Different kinds of changes in the consultation process described by consultees and consultants are defined in terms of turnings, turning points and shifts. (c) The variation in the observations and descriptions of consultees and consultants' interaction are illustrated by the three modes of interaction. (d) The different problems that the consultants describe they encounter in the consultation process are illustrated by the blind alleys. Thus, all these differences above are accounted for by the main concepts in the model, the pattern of which the theory tries to explain.

Variations not addressed are differences in individual teacher's representations and presentations when working in the same team, which is a crucial issue for future research.

When the consistency of the model was assessed in its then current form in 1998, (Table 17:3) only a slight majority of consultants found the model consistent, which seems to be a reasonable apprehension for the state of affair at that time. Since then, it has developed and is now more consistent.

Modifiability

The model is dynamic in the sense that others may use it the way they find fruitful and may change it in accordance with the context in which it is being applied. The different blind alleys and the ways to get in and out of blind alleys are still very open to new data. Collecting data from other consultation traditions would most certainly give raise to some new categories and also question present categories. For example investigating organizational consultation may question the importance of *approach* and give a much wider variety of subcategories to *challenge*.

Communicative validity

With communicative validity is meant how well the results are explained in comparison with other possible alternative explanations. The goal of grounded theory is to formulate one plausible theory, not the best possible theory. Other theories may add to the pattern. The theory is a substantive theory, i.e. a theory limited to the substance from which it is inferred. GT has been criticized for not linking the substantive grounded theory to middle range or grand theories. This study is no exception. However, before a substantive theory has developed into a formal theory it is difficult to compare it to other formal theories. The substantive theory of this study is a theory of turning processes in consultee-centered consultation. In order to make it into a formal theory, the next step would be to try it out in other contexts, primarily other consultation traditions, thereafter in other types of professional non-prescriptive dialogues, where turnings are expected. The point of creating a substantive theory is *not* to force the substantive theory into existing paradigms, but letting the emergent pattern become visible to others.

Still, it is a matter of trustworthiness to present references to theories that have become apparent during the research process. References to object relation theory and self-psychology have been made throughout the study. There are many other theories, however, e.g. constructivistic approaches (Bergman & Luckman, 1967; Andersen, 1987; 1994), system theory, (Bateson, 1979, Bronfenbrenner, 1979) and interactive theories of language (Vygotsky, 1970), which certainly could be applied as easily or even easier. Trying to meet the communicative validity criteria, I will tentatively go into a very brief dialogue with some of the theoretical perspectives that may explain the same phenomena that I have studied.

Bion, as interpreted by Granström (1986), proposed a theory about the life of groups as oscillating between a sophisticated *working* level and a regressive *basic assumption* level. The basic assumptions are considered defensive strategies, used when the anxiety of the group is increased. When on the work level, the group has the task in focus, while on the basic assumption level the group is pre-occupied with emotional activity aimed at satisfying individual and inter group needs. According to Granström, the basic assumption conditions (*dependence*, *fight*, *flight* and *pairing*) are also important *sources* from which emotional needs in a group are satisfied. This interpretation of Bion's theory could very well be applied to the turning processes in consultation. Falck-Järnberg, Janson, Olsson & Orrenius-Andersson (1980) applied Bion's theory when describing the process in ten consultation cases. The oscillation between the different interaction modes in present study may be seen as a work group condition, while the *blind alleys* have similarities to the basic assumption groups. *The flight group*, in which the members avoid demands, is similar to *the nice party*, in which the consultee and the consultant seem to have a quiet agreement of not talking about what they actually should be talking about. The conditions in the basic assumption group of *dependence,* when the members expect the leader to come with the solution are similar to the conditions in *walking in mud.* Then the consultant is very close to the consultee and feels a demand to solve the problem but doesn't know what it is and how it should be done. She has neglected to see that the consultee has another problem than what is presented. Furthermore, the conditions in the *fight group* with a high degree of aggression are similar to conditions in *break,* particularly the *tug-of war* where the consultant and the consultee keep pulling in opposite directions. Applying the above interpretation of Bion's theory to the turning processes in consultation would give some more depth to the group dynamics. The model in this study, however, also illustrates how the consultant is able to come out of a blind alley. It also shows how the process is oscillating between the modes of interaction and the blind alleys, which according to Granström is not a part of Bion's original model. Granström's study about dynamics in meetings, however, proposes such an oscillation, showing that the flight condition is a transitional stage between dependence and fight. Projective identification, (Granström, 1986; Ogden, 1979) has previously in this study (p. 225) been compared to what the consultant feels in *walking in mud,* when only the feelings (not the thoughts or the action orientation) of the consultee's representation come through in her presentation.

Winnicott (1971) describes the *intermediate area* as a space for free reflections and play. Guvå (1992) uses this concept to illustrate the free reflection in consultation. In this study there is an extension of this concept since the intermediate area have similarities to the *moving away of autonomy* as well as to the *attention in the free neutral position.*

Piaget's (1968; 1971) double concepts of *assimilation* (associating new objects with an existing conception) and *accommodation* (the reconstruction of an existing conception due to new conditions) are often seen as two necessary processes for change and development. The *sudden shift,* in this study from the *free neutral position* by *startle* to *discover,* may be seen as an accommodation.

Szecsödy (1990) discusses assimilation and accommodation in supervision and recognizes a context that he has labeled a ”mutative learning situation”, leading to a change in the supervisee’s understanding. The “mutative learning situation”, according to Szecsödy takes place when the trainee experiences something *unexpected*. Thus the occurrence of something unexpected is similar to *startle* that brings the consultee’s process from the free neutral position to discover. Also, Böhm (1992) regards *surprise* as vital for the *turning point*, which he, in turn, sees as a forerunner to structural change. Surprise is seen as a link between the unconscious and the conscious, coming from the interaction between the analyst’s and the patient’s unconscious (ibid.). That something startling should be presented to enhance change, is an opinion also hold by Argyris & Schön (1974).

Stern *et al* (1998) used the concept of *moments of meetings*, which are similar to the turning points used by Böhm (1992) and Karlberg (1999). These moments cannot be reached by routine or by technical interventions, but only by responses that are *novel and specific* for a particular situation. The inter-subjective context becomes altered and thereby the implicit relational knowing. Moments of meetings are similar to the *sudden shifts* in this study, characterized by changes in modes of interaction and changes in affective arousal. It is likewise proposed that these shifts are triggered by *authentic* reactions fostering surprise.

Argyris & Schön (1974; 1978), differentiate *theory in use* from *espoused theory*. Theory in use is what actually guides the action while espoused theory is what people say that they are doing. In order for a change to occur, theory in use has to be uncovered (ibid.). To reflect on the theory in use creates double *loop learning*. Evidently, espoused theory and theory in use have similarities to *presentations and representation* as used in this study. The consultees’ presentation may be an espoused theory; the representation may be the theory in use that is covered. Rosenfield (1999) describes “left-hand column”, a technique proposed by Argyris & Schön. On the left hand column the consultant notes what she *has said*, and in the right hand column what she didn’t say but was *thinking*. In supervision following the consultation session, she then may reflect on the discrepancy between the columns and how to talk about the tacit assumptions. Thus, Rosenfield also addresses the change of the *consultant's* theory in use for improving consultation. The consultants in this study have not primarily tried to uncover the consultees' representation but they have worked *with their own presentation and representation* until the consultees' presentations and representations have moved and thereby changed.

Although not used as points of departure, there are several other theoretical approaches stressing the same concepts as this study. Aronsson, (1998) emphasizes the importance of *social action, moves and changes* in her analysis of talks. She argues for a perspective of "identity-in-interaction" as opposed to institutional roles and prefixed structure. Thereby she refers to Bakhtin, who regards social context as something that is shaped by talk and that shapes talk. In that dialogical approach, social space is " analyzed in terms of *more or less proximal or distant* stances by one actor in relation to a specific topic" (ibid.). In that theoretical approach of analyzing dialogues there appear to be general features that coincide with some of the concepts of the model that has emerged in this study. Certainly, studying that approach would give ideas and hypothesis about how to develop the model.

Did these theoretical perspectives steer my choice of concepts even if I was not initially aware of it? Was it previous reading of literature that made me choose those categories? Or are the categories found describing such general and basic phenomena, that wherever one searches they will be found? Are they possibly part of general ideas everywhere present in psychological literature and practice today, like a psychological "zeit-geist?" I don't know. What I can say is that I did not deliberately start out from any of those theoretical perspectives. I was struck by the similarities afterwards. I'm convinced that I could continue to search in literature and find similarities even in literature I have never heard of. Does this render my grounded theory more or less validity? I have no other answer than saying that more can be done, adapting and changing the concepts of the model according to useful patterns and concepts that may be found in other perspectives.

New perspectives

The question of whether the results give new perspectives on the studied phenomena is also labeled the *heuristic* criteria. As declared in the introduction the authentic process of consultee-centered consultation has so far not been extensively studied. Turning points are mostly studied in psychotherapy so any theory of the turning process would give new perspectives. Most important, it describes a constant oscillation instead of different successive stages, which previously has been the way to describe the consultation processes. The model also proposes that the consultant's style vary in the different modes of interaction from being non-directive to directive, (although never being prescriptive). The three different modes of interaction (approach, attention, autonomy) form a joint process between the consultant and the consultee, where the consultee responds to the consultant and the consultant responds to the consultee. The model rests on the assumption that what is changed are the subjective representations of the consultees – and of the consultants. The free neutral position is a new concept enabling the shift between approach and autonomy in the consultation process. It is also the prerequisite for a turning (in the representation of the interaction) between the consultee and the client.

Assessing the model in 1998, about 2/3 of the 93 consultants found that the model was implying a new perspective. Some had however, been presented to the model before and thus answered that it was not new to them. A common remark in the answering sheet was "we recognize the phenomena but the concepts are new".

The concept of turning point has been elaborated and diversified, having found and identified the *turnings, the turning point as a construct* and the *shifts*. Carlberg (1999) came to the conclusion that therapists recognize the phenomenon of turning point but it evaporates very easily. One explanation is that it is not possible to identify a turning point until the process has come to an end. Then it is possible to conclude if the change was a change of direction and if so, in which direction it turned. During a process it is impossible to know if a qualitative change will result in a change of direction.

The context criteria

Are general conditions influencing the phenomena built into the theory? The following general phenomena are taken into consideration: (a) Organizational restraints and overload are considered as prerequisites for an *alienated interaction* between the consultee and the client. (b) Schools and pre-school settings are contrasted in terms of differences in *modes of being stuck* (between the consultee and the client) and in terms of differences in prevalence of the blind alleys. For example, presenting an alienated picture is rather associated with school culture while presenting a distorted picture is associated with pre-school settings. Still the absence of context is definitely the weakest point in the emergence of this model. Even though the great majority of the participants in this study are female and work in pre-school settings, neither gender nor the specific setting is actually taken into consideration. Boalt Boëthius (1983) describes the general strategies of how initiative, responsibility and leadership were avoided in small work groups in Swedish child-care. She also suggests that these avoidance strategies are common in certain female groups. Social goals were found to be more important than task oriented goals, differences were denied and open confrontations avoided. It could be argued that Swedish child-care and thereby the group strategies used, have changed during the last 20 years, due to goal oriented leadership, a national curriculum for pre-school and an emphasis on the professional role. Still it can by no means be neglected that the model of turning processes suffers from a bias due to the specific setting where it has emerged. The way in which the consultants in this study so cleverly avoid the blind alleys may be considered as such an avoidance strategy as Boalt Boëthius describes. In other settings the blind alleys may be more common and an integrated and expected part of the process.

Group consultation is far more common than individual consultation in this study still little attention has been paid to this fact. Issues relating to change processes as group phenomena have appeared all through the study, but has not been possible to address in the scope of this investigation. When further developing the model, however, this is one of the most essential issues to take into account.

The substantive theory of this study is based on a specific tradition of consultation, a specific setting, group-interaction and female gender. However, the circumstance that the *model* can be applied to two such different interactions as the one between the consultee and the client and the one between the consultee and the consultant, points towards a plausible wider applicability of the model. Also the fact, that several other researchers have recognized similar phenomena, concepts and theoretical relations, point in that direction. However, at this point it is a substantive theory, explaining conditions only in the substantive area referred to. Future research, to further develop the theory should consider a variety in gender, consultation traditions and settings.

Chapter 18

DISCUSSION

The discussion will focus on the practical application of the model and implications for further development.

The result of this study is a conceptualization of turning processes in consultee-centered case consultation. Instead of seeing consultation as a specific set of stages, it is seen as a process oscillating between approaching and moving away from the originally presented problem. The process is constantly moving, through three modes of interaction between consultee and consultant, *approach*, *attention* and *autonomy*. When the process is not moving it will become stuck. During the consultation process the consultant *confirms*, *structures (being concerned)* and *challenges*. Even if confirming is more common in the beginning of a consultation and challenging is more common in the end, there are no definite stages. This study does not address such issues as whether it is destructive or fruitful to use confrontation or whether the process should be directive or non-directive. That depends on the mode of interaction. Relying on one single mode of interaction, only confirming, only structuring or only challenging will lead to the process of getting stuck.

Consultee-centered consultation is an interaction between the consultee and the consultant in such a way that there is a change not only in the consultee's representation and presentation of the interaction to the client, but also in the *consultant's* presentation and representation. The consultant is ready to use her own presentations and representations as parts of the play. When the consultant feels that she is stuck, feeling paralyzed, bored or angry, she has to give up her representation of the case in order to come back to a working relation with the consultee.

Processes for change

The difference between *prescriptive* and *non-prescriptive* models of consultation has been emphasized in this study and the confusion between being prescriptive and being directive has been addressed. Being *prescriptive* means being an expert advising a solution to a problem. Being non-prescriptive means leaving the responsibility to take or reject suggestions to the consultee. The consultee is the one to decide what implementations may be fruitful. Being *directive* is being active and in charge of the consultation process, while being non-directive means letting the consultees guide the process. If a consultation approach is *prescriptive,* it is also directive i.e. if a consultant is convinced that she knows what to prescribe she also wants to direct the process. In this study, it has been shown that *non-prescriptive* consultant's degree of being directive alternates between the different modes of interaction. The consultant in *approach* is mostly non-directive (listening, understanding), in *attention*, she is directive (asking questions, structuring, giving tasks) and in *autonomy*, she is alternating between directive and non-directive (giving new ideas, listening to new ideas). The consultant is, however, in charge of the consultation process while the consultee is in charge of the solution to the problem. If a consultant would be in charge of the solution, knowing what to prescribe but still pursue a non-directive style, this would most certainly be regarded as manipulation by the consultee. The relation between the degree of prescription and degree of direction is illustrated in Table 18:1.

The difference between being prescriptive and non-prescriptive is the consultant's readiness to change her own representation. The consultant in a prescriptive model is not prepared to change her presentation or representation. A consultant prepared to change only her presentation, will easily be seen as manipulative. Only when, a consultant is ready to change her representation, may an intervention be an authentic and coordinate interplay between the consultant and the consultee. As the model of the turning processes in this monograph assumes change in the consultant's representation it can only be applied to non-prescriptive consultation.

Table 18:1.
The relation between the degree of prescription and degree of direction in consultation

	Directive	Non-directive
Prescriptive	Prescriptive BC	(Manipulation)
Non-prescriptive	CCC	CCC

This study has shown how consultants maneuver in order to avoid being stuck in blind alleys. However, a blind alley is not fatal, if one knows how to get out of it. The shifts are ways out of the blind alleys. But the shifts also trigger the turnings and enhance the process. The shifts modulate affective arousal and move the process between the different modes of interactions in the consultation process. Many of the shifts discussed in this study were documented because the consultants regarded them as the turning points of the case. Shifts were seen as the major change event, described as very authentic situations with a sudden and qualitative change, which moved the process forward. As it is proposed that shifts only occur in connection to blind alleys, it may be relevant to raise the question if the consultants are too afraid of the blind alleys. If they are too afraid of becoming stuck, they may not approach enough, structure enough or challenge enough. Avoiding blind alleys also means avoiding this force in consultation, like driving uphill without shifting gear because being afraid of being stuck in the middle of shifting.

Continuous turnings are not explored in this study, but would be interesting to investigate in order to contrast continuous turnings to distinct turnings. First, is there a distinction between continuous and discontinuous turnings or is the difference in the eyes of the observer? I.e. the processes are the same but interpreted in diverse ways depending on the context. Secondly, is it possible to see two simultaneous processes, one continuous process and one discontinuous process? Consultation is a frame, a set-up that enhances discontinuous processes for the consultant as well as for the consultee. A turning is expected and the interaction ends once the turning has taken place. Simultaneously, however, it may be a continuous process of change in the interaction between the consultee and the client, even if there is a sudden change in the consultee's representation. If this is so, consultation may be seen as a discontinuous process of change stimulating a continuous process of change. Then, one would also expect to find distinct turnings within continuous turning processes.

The *free neutral position* is central in the interaction between the consultant and the consultee as well as in the interaction between the client and the consultee. That is where the process turns, from approaching to moving away or from moving away to approaching. This is the stage of attention, where the presentation of the case becomes apparent, the quiet moment in the middle of the storm; right before the important discoveries are made or negative feelings are discharged. It may be just a moment, or a long sequence of moments, creating a looking distance to what has been presented. The consultant's curiosity is vital, but only if it is authentic.

At times, it has been difficult to code phenomena, actions, and thoughts as belonging either to the interaction mode of attention between the consultant and the consultee or to the interaction mode of attention in between the client and the consultee. This suggests that attention, as the free neutral position is the transition not only between approach and moving away but between the two systems of interaction (the consultant-consultee and the consultee-client). The consultee experiences attention in the consultation process, her representation changes and she brings her new representation to the interaction with the child. She also brings the experience of the free neutral position with her, knowing that it is possible to look at ones own actions and to change directions.

The interaction between the consultant and the consultee and the interaction between the consultee and the client has been seen as two *parallel systems*. I have avoided the term parallel processes

(Gordan, 1992; Gross Doerman, 1976; Ekstein-Wallerstein). That term implies that two different relations, for example patient-therapist and therapist-supervisor mutually influence each other. Unconscious interaction in one relation will appear close in time also in the other relation. The way data has been used in this study does not allow such conclusions. However, the same model of oscillation between approaching and moving away is applied to the interaction between the consultee and the client as well as to the interaction between the consultant and the consultee. That doesn't imply that the processes are the same, but they are similar. Thus, they are seen as parallel systems and the links between these parallel systems have been explored. The major finding is that a consultation case turns when the *representation* of the interaction with the client changes direction in *attention* (the *free neutral position*). I.e. the case turns when the consultee no longer is overly emotionally involved or too distant or too neutral and formal, but interested and attentive in respect to the client. This turning is preceded by an oscillation between approach and autonomy between the consultee and the consultant in the consultation process. Using the concepts elaborated in this study, these links between the two systems could be further investigated.

Still, there are a few findings pointing at obvious parallels between the two systems. For example, when the consultee has approached too much and her representation is stuck in *entangled* interaction it is most plausible that the consultation process also will be stuck in *bind*, the blind alley of approach. I.e. when the consultee is close and emotionally involved in the client the consultant may approach too much in consultation. When the consultee presents a *diagnostic* picture reflecting a formal representation it is most plausible that the consultant also becomes too neutral and the consultation process will be stuck in *boredom*, the blind alley of attention. Finally, when the consultee presents a *diffuse* picture reflecting an alienated interaction, it is most plausible that the process will be stuck in *break* the blind alley of autonomy. When the consultee is not very involved in the client the risk is much higher that the interaction between the consultant and the consultee does not work and that the consultation is brought to an end without a turning. Still it must be emphasized that these links are just more plausible, any type of being stuck may appear in any kind of blind alley.

Organizational settings

Being too close and entangled is the most common difficulty presented in pre-school settings, although the three different types of being stuck (*entangled, formal* and *alienated*) are all represented there. Consequently, consultants in pre-school settings run the risk of being stuck in the blind alley of bind. Representations of interactions, which are too close and *entangled,* are also those that turn most easily and result in distinct turnings according to the consultants. Turnings starting in an alienated interaction are less common in pre-school. Those cases were described to take longer time, and more often resulted in weathercock turnings. Even though this study is mainly based on data from pre-school settings, several of the consultants interviewed have experience also from school settings, which made it possible for them to contrast the prerequisites and the difficulties in the two settings. A representation of an *alienated* interaction seems to be a more common starting point for consultation cases in school. Also cases in school settings are brought to an end without a turning more often than in pre-school settings. Diagnostic pictures representing a *formal interaction* were commonly described to result in continuous turnings. It has also been proposed in the study that *boredom,* when the consultant is getting too neutral, is the blind alley, most difficult to get out of. Being stuck in a formal and stereotype relation is more specific to child health-care, although also present in schools and pre-schools, particularly in special education settings and in connection with health care and special assessment teams (for ex. ADHD-teams). Experienced consultants have also said that these kinds of cases, presented as diagnosis, have lately become more common in pre-school.

As described in the background the different organizations for education and care have different cultures. At this point, some tentative conclusions could be drawn about the links between types of difficulties as presented in consultation and the predominant culture in the organization. If the interaction often is stuck in an entangled interaction, that could be a sign of a *relational* culture where close relations, approach and attachment are stressed. This is in line with how Boalt-Boëthius describes the culture in pre-school settings (1983). Being frequently stuck in a stereotype diagnosis may be a sign of an *investigating* culture, where being objective, observing, asking questions making typologies and giving advice and prescriptions are important features. These are some of the main tasks for child health care, school health care and specific assessment teams for ADHD. Being stuck in alienated interaction could be a sign of a *challenging* culture, where growing, demands and autonomy are stressed. Even if signs of all these three different cultures are ever present, traditionally the dominating culture in pre-school could be seen as relational, child health care could be seen as an investigating culture, and the dominating culture in school is seen as a challenging one.

Typically, however, one often talks about these different cultures as if they were stuck in an extreme position, for example relational culture as overly dependant, investigating culture as stereotype diagnostic and challenging cultures as highly competitive. Ideally, all three cultures are needed for learning and development to occur. For schools as well as pre-schools a *learning relation* between teachers and children has to be emphasized. *Investigating* the organization, the educational activities and individual children are important activities. Without *challenging educational* methods and individual students, there is no learning and development.

Lately, preschool culture and school culture have been coming closer. Pre-school has been moving in the direction of a more challenging culture, with a national curriculum, specific age groups and larger group size. Simultaneously school culture is moving towards integrated age groups and a less fixed curriculum with teachers being monitors for small groups of children. Thus, there might be a development towards a "transmutable" culture with all three, relational, investigating and challenging features in both school and pre-school settings. Furthermore the investigating culture, although always having been a part of school-culture has lately strengthened its position in schools and pre-school settings by special assessment teams for ADHD. An important question to ask is how consultee-centered consultation can meet the challenges of these changes. From this study can be learned that there is a need to develop consultee-centered case consultation also to be able to meet the needs of challenging and investigating cultures.

Cases in special educational groups, in pre-school as well as school settings, do not show the same kind of turnings as other consultation-processes according to the consultants. One reason may be that for children with a formal diagnosis, the consultant may share the diagnostic view of the case with the consultee and therefore not expect a representational change. However, for a consultant discussing the diagnosis it may be easy to forget that the consultee also interacts with the client and that the representation of this interaction may be stuck and be able to turn. The consultant is more easily stuck in this predicament if the consultee is very competent and if the clients are seen as very difficult or disturbed. For very difficult children, the risk of the interaction being stuck is greatly enhanced. To be stuck in a relation with a child regarded as severely disturbed and then come back into relation is much more of a challenge than with an every day problem, but still more beneficial, when occurring. For children with diagnoses there is always a risk of discussing diagnoses in general in consultation and thereby emphasize a formalized relation. Diagnostic knowledge, tools and techniques may certainly be useful and may facilitate the consultation process. The diagnosis as such does not impede the process. The process is not stuck, until the consultant forgets the interactive aspect.

What are the implications from this study for consultee-centered consultation as a service in the changing school and pre-school cultures? One conclusion is that CCC needs to be developed to meet also those difficulties that teachers experience in relation to children in challenging and investigating cultures. The two types of being stuck in the consultation process associated with these cultures (break and boredom), needs to be further explored. The implications so far is that in order to get out of break the consultant has to give up her representation of the problem, return to the free neutral position and become curious of the learning interaction that is going on between the consultee and the client. In order to come out of boredom the process needs to be vitalized by authentic reactions from the consultant and by startling questions.

Also, alternative strategies within CCC may be called for. May they be more cognitive and school-focused as Partanen & Wiström (1999) propose or focusing on the role of the teacher in general, meeting hard-to-learn students. Teachers in reflection groups may explore the concept of the learning relation to students. Then it is possible to see three different levels of attending to teachers presentations and representations of problems in the school system all within consultee-centered consultation, (a) consultee-centered *case* consultation, (described in this study), (b) consultee-centered *role* consultation (which equals super vision groups led by school-psychologists in many Swedish schools) and (c) consultee-centered *organizational* consultation.

A theory for practical use

When presenting the concepts of the model from this study to teachers they recognize the difficulties in being stuck, being too close, too formal or too far away from a child. They also recognize, that curiosity and interest in a child is crucial for a change to occur. However, they see consultation as one among many ways out, when they are stuck in relation to a child. Talking to colleagues, talking with the superintendent or supervision, reading a book are other ways out to arrive at attention and the free neutral position. Thus, the part of the model applied to the interaction between the teacher and the child may be used in many different situations not connected to consultation.

The grounded theory presented in this monograph is a substantive theory (limited to the substance from which it is inferred) but the *model* may have broader applications. The general terms of *approaching, free neutral position* and *moving away* can be applied in other fields than consultation, which has been evident talking to professionals in other fields. The grounded theory presented in this report, however, is limited to a substantive theory of turning processes in consultee-centered case consultation. In order for the theory to develop to a formal theory, much more work has to be done. First, the theory has to be tried out, adjusted and changed in accordance with other non-prescriptive consultation traditions. This would also deepen the understanding of the distinctions between different approaches of consultation. Secondly, the theory could also be applied to other kinds of professional non-prescriptive dialogues, for example between parents and teachers.

The model for interaction between consultee and client in this study is based on teachers' representations of this interaction, not on actual observations. Possible effects of changes in consultee's representation on the actual interaction with the child could not be assessed with these data as bases; neither can the effect on the behavior of the child and/or the child's representations. Is it actually possible to carry out such a project, where all these interactions are investigated? My belief is that there are too many variables to keep track of in one single study. It should, however, be possible to carry out several studies within a common framework. For example, it should be possible to study whether and how a change in the teacher's representation of approaching to or moving away from a child results in a change in interaction with the child, and if a change in interaction results in a change in the teacher's mental re-presentation. Even if not investigated in connection to consultation such a study would give information useful for consultation.

If we turn back to the teacher (presented in the introduction) who solved the problem with the boy she first thought should be returned to pre-school, the importance of the free neutral position becomes apparent. Applying the model that has emerged in this thesis, I can now see that it was all there, though I had no idea about it. The teacher got *confirmed* that the problem had to be solved and that she apparently was right in her apprehension of the situation. She could *observe* the boy, without being disturbed by other's interpretations or views that she would have to defend herself against. She could use her observation to *discover* new aspects of the situation and act accordingly. When acting, *approaching* the child and his mother, a new and fruitful interaction was born. For me, at that time an inexperienced and ignorant psychologist; I could just recognize a *turning* of the case.

Methodological reflections

According to Stern (1980), it is a useless endeavor to learn grounded theory from books. There were times when I was inclined to agree with her. Though, it seems more like a hopeless endeavor to learn grounded theory reading about it without simultaneously practicing it. This research process has been a dialectic process, between coding empirical data - a disciplined and tiresome activity - and the joyful discoveries and explorations of new ideas. In the interchange between these two processes, something new is created. Staying too long in explorations of ideas, they become very airy, staying too long coding categories, fragmentation and "the terror of sorting" (Glaser 1992) waits around the corner. There were times when I had the feelings of *Greger*, a comic strip, I found in the daily paper after two years of studying grounded theory. Greger is sitting at his breakfast table with a blank look on his face, staring at several little heaps surrounding him on the table. The subtitle says, "When Greger had sorted all his müsli (breakfast cereals), he experienced an intense feeling of emptiness". Greger had singled out all the fragments of the different kinds of fruits, different kind of seeds and different kinds of nuts. Looking at all those little heaps, however, nothing new was discovered, not anything that the producer of müsli couldn't have told him. Greger never experienced the "magic" touch of discovery. He stayed with sorting and missed the whole point of müsli. Even if the "magic" of discovery may not be seen in the final report, that is what takes the researcher past the roughest parts. It appears in the interplay between the two processes of coding and of theorizing. I coded and felt an intense fear of leaving data, I theorized and felt an intense resistance towards going back to data. Still, the only way out was to shift, to move from theorizing to data to fill in the holes to avoid an airy theory and to leave the ground for the abstract level not to be stuck in the every-day-world. Thus, there is a moment in the dialectic research process that is similar to the free neutral position, where the researcher can *see* what has been done and move to further discoveries, or going back to sort out what is obscure.

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Appendix I

TOPIC GUIDE 1

What are turning points?

Definition

Description (consultant-consultee)

Analysis

The existence of turning points

How frequent are turning points ?

How sudden are turning points?

When do turning points appear?

(In the middle of the session, right after the consultant has left, between the sessions)

What happens?

Something the consultee discovered

Something the consultant discovered

A change of a "picture of the client"

Awareness of change

Theme interference reduction/unlinking

Prerequisites

Different kinds of problems with clients

The contract (a fixed set of sessions/as many sessions as needed)

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TOPIC GUIDE 2

When do turning points occur?

Turning points during a consultation session
Turning points immediately after a session
Turning points between consultation sessions
Slow turns
No turns

Who is aware of a turning point?

The consultant
The consultee
The client

What is turning?

Change of attitude
Change of behavior
Change of understanding
Emotional release
Change of "hedonic tune"

How is it turning?

Inside the consultant
Inside the consultee
In the relation between consultant and consultee

Why is it turning?

INTERVIEW GUIDE CONSULTEE

Background

Are you used to consult psychologists?

How long time have you been working within child day care/ pre-school?

How many times did you meet with the consultant?

The case

Can you tell me about the case?

Has the child been here for a long time?

Anything particular that had happened when you asked for consultation?

What is the situation today?

What has happened?

Anything particular you remember?

If a change/Is it a slow or a sudden change?

Did you change anything in your way of handling the child?

How do you do now?

How close do you thing you are to this child?

Anything in particular from this consultation, that may be useful with other children?

The consultation

Anything particularly you talked about in the consultation sessions?

The atmosphere in the consultation sessions, has it differed or has it been the same?

Did the consultation come to an end at the right time? Could you have stopped earlier or would you have liked to continue?

Did the consultant say anything that startled you?

Do you think that the consultant learned anything?

What would it have been like having another consultant?

Do you have time to have talk like this without the consultant being present?

Concluding remarks

Anything else that you want to say?

Any advice for the research?

Appendix II

INTERVIEW GUIDE CONSULTANT

Background

How many times did you meet with the consultees?
Who did you meet? The same persons in all sessions?
Have you met them before?

The case

Can you tell me about the case?
What is it like when you are there for the last session?
Did you think that it was a turning?
What has happened?
Is this an every-day case?

The consultation

(If a turning) What did you do to make it turn?
(If a turning) Is it a slow or a sudden turning?
What do you think caused the change/
Why did you think it didn't change?
Do the consultees think about the child in a new way?
Do the consultees act in a new way in regard to the child?
Are the consultees feelings for the child changed?
Did the consultees discover anything new they could use with other children?
Do you think the "picture of the child" originally was distorted?
What did you particularly address in the consultation sessions?
Did you discover anything in particular?
Did anything happen that startled the consultees?
Did anything happen that startled you?
The atmosphere in the consultation sessions, did it vary?
How did you feel talking to these consultees?
How close do you feel you are to these consultees?
Did the consultation come to an end at the right time? Could you have stopped earlier or would you have liked to continue?
Did you take notes?

Concluding remarks

Anything else that you want to say?
Any advice for the research?

Appendix III

ENKÄT

Utvärdering av psykologisk konsultation

1.Verksamhet

Daghem: ____ Deltidsgrupp ____ Familjedaghem ____

2. Utbildning

Barnskötare ____ Förskolelärare ____ Annat ____

3. Antal år i barnomsorgen ?

4. a. Hur många gånger har arbetslaget träffat psykologen ?

4. b. Hur många gånger har Du varit med ?

5. Vad gäller problemet Ni tog kontakt för ?

Enskilt barn ____ Kön ____ Ålder ____
Problem med barngruppen ____
Föräldrakontakt ____

6. Hur kände Du Dig efter samtalen ?

Mycket nöjd ____
Nöjd ____
Mindre nöjd ____
Missnöjd ____

Kommentare:..
....

7. a. Tycker Du att det problem Ni anmälde har lösts ?

Ja ____
Delvis ____
Inte alls ____

7. b. Om "delvis" eller "inte alls" tycker Du att Du kan hantera problemet bättre ?

Ja_____
Delvis_____
Inte alls_____

7. c. Om konsultationen avslutats av annan anledning än att problemet lösts eller är lättare att hantera – vad är anledningen ?

8. Har samtalen gett Dig något som Du kan använda Dig av även i arbetet med andra barn och föräldrar ?

Ja_____
Tveksamt_____
Nej_____

9. Tror Du att Du kommer att ta kontakt med psykologen igen, om Du får andra svårigheter i Ditt arbete ?

Kommentarer;
....
....

10. För övrigt tycker jag...
....
....

Tack för Din medverkan !
Marianne Brodin   Ingrid Hylander

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